SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9700000523 (7)

FILED Oct 15 1998 8:00am Secretary of State

	ce of Business	RDWICK ALF, INC	Mailing Address	ss		_						
308 S 30TH STREET								3. Date Incorpor 01/24/19				
								4. FEI Number	1.72119		<u> </u>	pplied For lot Applicable
2. Principal	Place of Busin	ess	2a. Malling Ad	dress				5. Certificate of	•			Additional
21	·	- 	26					O. Continuato or				Regulred
Sulte, Apt	t.#, etc.		Sulte, Apt. #, etc.				6. Election Cam	-			May Be to Fees	
22 City & Sta	ate		City & State				7. Is this nonpro		nomeownen			
23			28					7. to the free		☐ Yes		
Zip		Country	Zip		Cou	ntry		8. This corporati			ent year in	tangible
24		25 and Address of Currer	29		30			Personal Prop	erty Tax due Ju			No
	ę. Italijo	alla Madress of Currer	it itegistered Agen			81	Name	TO. Halle Bild A	101000 01 11041	robistoi ed F	gont	
DREHER.	PATRICIA					82	Street A	ddraes (B.O. Boy Numb	ne in Not Accept	ship)		
308 S 30TH STREET					02	Suggi A	duress (P.O. DOX NOTED	dress (P.O. Box Number is Not Acceptable)				
FT PIERC	E FL 34946					В3	ı					
						84	City			FL	85 Zip	Code
11. Pursuant	to the provisio	ns of sections 617 0502	and 617 1508 Florid	la Statutes	the abov	e-ni	amed corn	oration submits this state	ment for the pur		ging its re-	oistered
office or r	registered age	ns of sections 617.0502 nt, or both, in the State on, and accept the obligat	of Florida, Such char	nge was au	thorized I	oy th	ne corpora	tion's board of directors	I hereby accept	the appointn	nent as re	gistered
SIGNATURE		i, and accept the congar	ions on abonom on	.0000, 1 1011	uu Qiaiai	.						
SIGNATURE	Signature, typed	or printed name of registered ager		(NO	TE: Register	ed Ag	gent signature	required when reinstating)		DATE		
12.	[]		ID DIRECTORS		13.			ADDITIONS/CI	ANGES TO OF	FICERS AND		
TITLE NAME	Direc	10m	L	DELETE	1.1 TIT					· F	Change	Addition
NAME STREET ADDRESS	Porrici	g Dreher 36th otroet			1.2 NA		ADDRESS					
CITY-ST-ZIP	268 S.	rca, FL 349	מנה		1.3 ST							
TITLE	Director		5 1 1	DELETE	2,1 (1)		-211				Change	Addition
NAME			لبا	DECETE	2.2 NA					L] Change	AOXIIION
STREET ADDRESS	17.433 C	Dreher 35th 6t.					ADDRESS					
CITY-ST-ZIP	D+. 0.	rce, FL 34	947		2.4 01		j					
TITLE	7	har-		DELETE	3.1 T/1	LE				- [Change	Addition
NAME	Bonn	in Clark	-		3.2 NA	ME	-					-
STREET ADDRESS	368 S.	35th 54.			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	St. 2:	erce, FL 349	5¥7		3.4 CF		r-ZIP			-		
TITLE	1	•		DELETE	4.1 111		- 1			: [Change	Addition
NAME					4.2 NA							
STREET ADDRESS	§						ADORESS					
CITY-ST-ZIP TITLE	 			DP4 PP7	4.4 CF 5.1 TIT		-ZIP				- 1 or	<u> </u>
NAME	1		L	DELETE	5.1 III		1			ι	Change	Addition
STREET ADDRESS							ADDRESS			•		
CITY-ST-ZIP					5.4 CF							
TITLE	 -			DELETE	6.1 TIT					·	Change	Addition
NAME	i		Ü	IL	6.2 NA		- 1				2,101.80	L Mounton
STREET ADDRESS	3						ADDRESS					
CITY-ST-ZIP					6.4 CF	ry-st	-ZIP					
	cortily that the	Information supplied with	this filing does not	qualify for the				section 119.07(3)(i), Flor	ida Statutes. I fu	ther certify ti	nat the Info	emation

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is respirately an accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECT

24/98 51-444-1387-Date Destime Phone #