FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N97000001963 (4) **DOCUMENT**

C. Principal Place of Business Mailing Address											
Principal Plac	ce of Business	Mail	ing Address						JOSPA ILIPAN IL	1110 01100 1111 1001	
6191 ROCK ISLAND ROAD 6191 ROCK ISLAND ROAD TAMARAC FL 33321 TAMARAC FL 33321								Date Incorporated or Qualified 04/07/1997	-		
j		_	, 4.1	-4-			Į.	4. FEI Number		Applied For	
		<u>C</u>	10 Kul					65-0773425		Not Applicable	
	Place of Business		Mailing Address	F 2	na,	Are		5. Certificate of Status Desired		5 Additional	
Suite, Apt.	# 810			<u> </u>		MIC				Required	
22	w, 410.		Suite, Apt. #, etc.				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & Stat	te		City & State								
23			28 Ft. Lauderdale				7. Is this nonprofit corporation a homeowners association?				
Zip	Country		ip		ountry			8. This corporation owes or has paid the co		r Intangible	
24	25	29	1-	30	33	32 I		Personal Property Tax due June 30.	Yes	No No	
	9. Name and Address of Curr	rent Registe	red Agent					10. Name and Address of New Registered	Agent		
					81	Name					
KULATZ, CONRAD S ESQUIRE					82	Street A	reet Address (P.O. Box Number is Not Acceptable)				
6633 S.E. THIRD AVENUE											
SUITE 4R					83						
FORT LA	AU DE RDALE FL 33321				84	City			85 2	Zip Code	
						•		FI	■ **	•	
11. Pursuant	to the provisions of Sections 617.0 registered agent, or both, in the Sta	1502 and 617 ate of Florida	'.1508, Florida Sta Such changa wa	tutes, the	above	e-named c	corpor	ration submits this statement for the purpose	of changir	ng its registered	
agent. la	am familiar with, and accept the ob	ligations of, S	Section 617.0503,	Florida S	tatutes	ine corpe	OIGNO	n's board of directors. I hereby accept the ap	pominion	r go LaAistei.en	
SIGNATURE ,											
12.	Signature, typed or printed name of registered					nt signature re	beriupe	when reinstating) DATE			
12.	OFFICERS A	AND DIRECT						ADDITIONO OLIANO CO TO OFFICEDO AN	5 5 5 5	0000	
TITLE	n/			13			-	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D/		DELETE	1.1	1 TITLE		-	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT		
NAME	G OLDBERG, BARRY A			1.1	1 TITLE 2 NAME	ADDRESS	#	ADDITIONS/CHANGES TO OFFICERS AN			
NAME STREET ADDRESS	GÖLDBERG, BARRY A 119 N.W. 88TH WAY			1.1 1.2 1.3	1 TITLE 2 NAME 3 STREET /		=	ADDITIONS/CHANGES TO OFFICERS AN			
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14. Thereby 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 or supplemental annual report is true and 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 attackment with an address.

FILED

May 14 1998 8:00am

Secretary of State