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 # N9700002403 (0)

## RE-USABLE BUILDING MATERIAL OF SOUTHWEST FLORIDA

Aug 26 1998 8:00am Secretary of State



, INC.							
Principal Place of Business Mailing Address						T TO BALLION OF THE TOPIN TOPIN SOUN SOUND TOPIN DELINE STATE OF THE S	
18260 PAULSO	on drive	22325 GLENEAGLE TERR	ACE	.F		3. Date incorporated or Qualified	
UNIT #B-4 PORT CHARLO			RLOTTE FL 33952			04/28/1997	
PORT CHARLOTTE FL 33954						4. FEI Number Applied For	
						65-07645-92 Not Applicable	
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional	
21		26				Fee Regulred	
Sulte, Apt. #, etc.  22 Whit A - 4		Suite, Apt. #, etc.	<u> </u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Stat	е	City & State	City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			Yes No		
Zip Country		<b>⊢</b> '	Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30	0		Personal Property Tax due June 30. Y Yes No	
<b>-</b> ·····	9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent	
MONAGO	DOČALVNI			81			
MONACO, ROSALYN				82	Street Add	et Address (P.O. Box Number is Not Acceptable)	
22325 GLENEAGLE TERRACE PORT CHARLOTTE FL 33952				83			
PONI ON	INLOTTE FL 33932						
				84	City	FL 85 Zip Code	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				red Ag	gent algnature req	ulred when rehistating)  DATE  DATE	
12.			13.	TIE	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Score Ov Ordinator DELETE			1.2 NAME		Change Addition	
	NAME Bary Marrae- STREET ADDRESS 210 W Marian and				ADDRESS		
CITY-ST-ZIP	TYST 700 1 7 4 1 1 33950 D						
TITLE	E Jone Horvath DELETE			1.4 CITY-ST-ZIP  2.1 TITLE  Change Ad			
NAME	Poni Horda 11 33950 D  Joni Horvath DELETE  167 Wartmonth Dr Sec/		/ 22 N	2.2 NAME		Change Addition	
STREET ADDRESS	ADDRESS ALL TO A DOLL MARKET AND SECTION OF THE PROPERTY OF TH		2.3 \$1	2.3 STREET ADDRESS			
CITY-ST-ZIP	18. Charlotte, IL 33952 Tre		, 1	2.4 CITY-ST-ZIP			
TITLE PARTY DELETE				3.1 TITLE		Change Addition	
TITLE  Racycling Coordinator DELETE  NAME  STREET ADDRESS  27221 Beechcraft and  CITYSTZIP  Pente Korda, 71 33982  DITTER  THE			3.2 N	3.2 NAME		_ volue	
STREET ADDRESS 2222 Reach graft and			3.3 \$1	3.3 STREET ADDRESS			
CITYSTIP Deart, Kella, \$6 33982 D			3.4 CI	3.4 CITY-ST-ZIP			
TITLE	Chris Cot DELETE  BE 8618 Beth Court Vice		4.1 Tt	4.1 TITLE		Change Addition	
NAME	2618 Beth Con	rt vice	4.2 N	AME			
STREET ADDRESS	REFIADORESS I .		4.3 \$1	4.3 STREET ADDRESS			
CITY-ST-ZIP	STUP / angles, Fo 33300 Merid		4.4 CI	4.4 CITY-ST-ZIP			
TITLE	LE Carolin Louber DELETE		5.1 TI	5.1 TITLE		Change Addition	
NAME	22 3 55 Menea	ole Teu	5.2 N	AME			
TITLE NAME  DELETE  DELETE			5.3 \$7	5.3 STREET ADDRESS			
CITY-ST-ZIP	ST-ZIP 11 CHAR, + 2313 L		5.4 CI	5.4 CITY-ST-ZIP			
TITLE	DELETE 6.		6.1 TI	6.1 TITLE		Change Addition	
NAME	Í		6.2 N	AME	]		
STREET ADDRESS			6.3 ST	REET	ADDRESS	,	
CITY-ST-ZIP	0/ 10 - 10 - 11			TY-ST		ction 110 07/2V/V Elevida Statutes I further partifu that the information	
ad Ibarahua			THE AVOID	A 1 1 1 1			

Indicated on this enrual 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 attachment with an address.