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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N97000003667 (9)

FILED

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SECRETARY OF STATE



FIORIDA INC. Principal Place of Business Mailing Address					
1040 LINCOLN TERRACE 1040 I			I LINCOLN TERRACE TER GARDEN FL 34787		3. Date Incorporated or Qualified 06/25/1997
<u> </u> 					S 9 - 34926 79 Not Applied For
⊢ ` •	Place of Business	2a. Mailing			5. Certificate of Status Desired \$8.75 Additional
Suite, Apt	AME		A ME pt. #, etc.		Fee Required
22	· #, 6 10.	27	μι. π, οις.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State			City & State		7. Is this nonprofit corporation a homeowners association?
23		28			Yes 🔏 No
Zip	Country	Zip		Country	8. This corporation owes or has paid the current year intangible
24	25	29		ю]	Personal Property Tax due June 30. Yes X No
<u> </u>	9. Name and Address of Cu	irrent Registered Ag	ent	91 Name	10. Name and Address of New Registered Agent
				81 Name	ooker T. Coates
	r, be nnie L			82 Street	et Address (P.O. Box Number is Not Acceptable)
	REIDT DRIVE			10	40 LINCOIN TEP.
ORLAN	DO FL 32818			B3	
				84 City	1 ter (nde N FL 85 34787
11. Pursuant	to the provisions of Sections 617	.0502 and 617,1508,	Florida Statutes	, the above-name	ed corporation submits this statement for the purpose of changing its registered
Office or	registered agent, or both, in the S am familiar with, and accept the c	state of Florida, Such	change was aut	thorized by the cor	orporation's board of directors. I hereby accept the appointment as registered
	an armia with, and accept the c	iongations of, dection	017.0303, FIOR		12) This no. 77. 98
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable	(NOTE:	Registered Agent signature	ure required when reinstating) DATE
12,	OFFICERS	AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		L	DELETE	1.1 TITLE	P BOOKER COATES Change Addition
NAME				1.2 NAME	1040 LINCOIN TEL
STREET ADDRESS				1.3 STREET ADDRESS	
CITY-ST-ZIP			Throne	1.4 CITY-ST-ZIP	
TITLE		L	DELETE	2.1 TITLE	V STEVE Reeves Change & Addition
NAME				2.2 NAME	D 4744 MANBELLO BLUD
STREET ADDRESS				2.3 STREET ADDRESS	ORCANDO, 7c. 32811
CITY-ST-ZIP	·		_ DELETÉ	2. 4 CITY-ST-ZIP	D Channe To Addition
TITLE NAME		L	⊒ DECETI€	3.1 TITLE	5 BENNIE LI KEGLER Change & Addition
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS	D 6591 KREIDT DR.
CITY-ST-ZIP				3.4. CITY-ST-ZIP	ORLANDO, 7c. 3288
TITLE		Τ.	DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·
NAME		_		4. 2 NAME	11. GITAGITA DOWNEN
STREET ADDRESS			ĺ	4.3 STREET ADDRESS	D. M. D. M. 11 D. 32726
CITY-ST-ZIP			ĺ	4.4 CITY-ST-ZIP	Mt. PLy Mouth, H. 32776
TITLE	-	Ε	DELETE	5.1 TITLE	D. 31115 Westchester Av. Mt. Pcy Mowth, H. 32776 Change Addition
NAME				5.2 NAME	$\bigvee_{i \in \mathcal{N}} \overline{\partial X}^{i} = 1$
STREET ADDRESS				5.3 STREET ADDRESS	2.2500
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		I	DELETE	6.1 TITLE	500002438444
NAME				6.2 NAME	500002438093- ¹ / _{-02/23/9801106004}
STREET ADDRESS				6.3 STREET ADDRESS	****227.50 *****70.00
CITY CT. 7ID				8 4 CITY OT 710	111111111111111111111111111111111111111

14. 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 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

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