-FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Secretary of State

DIVISION OF CORPORATIONS

1998 N97000003752 (9)

DREAMS BECOME REALITY, INC.

FILED Jan 30 1998 8:00am Secretary of State

|--|

| Principal Place of Business | | Mailing Address | | | t idmtiten aim imist jamit matte matte mutt mutum jittl fidd Mille fidt ifid? | |
|---|--|--|----------------------------|---------------|--|--|
| 3223 N OCEAN BLVD | | 3223 N OCEAN BLVD | | | 3. Date Incorporated or Qualified | |
| GULFSTREAM 1 | FL 33483 | GULFSTREAM FL 33483 | | | 06/30/1997 | |
| | | | | | 4. FEI Number Applied For | |
| | | | | | Not Applicable | |
| <u> </u> | lace of Business | 2a. Mailing Address | | | 5. Certificate of Status Desired S8.75 Additional | |
| 21 | # aba | 26 | | | Fee Required | |
| Suite, Apt. | #, GC. | Suite, Apt. #, etc. | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & Stat | ρ. | City & State | | | | |
| 23 | | 28 | | | 7. Is this nonprofit corporation a homeowners association? | |
| Zip | Country | Zip | Countr | y | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent | |
| 1 | | | 81 | Nan | ame | |
| KIRSCHI | NER, MITCHELL B | | 82 | Stre | reet Address (P.O. Box Number is Not Acceptable) | |
| | PRPORATE BLVD, NW | | 83 | <u> </u> | | |
| SUITE 3 | | | 83 | | | |
| BUCAR | ATON FL 33431 | | 84 | City | ty 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. | | | | | | |
| agent. I a | egistered agent, or both, th the State of the obligation of the ob | or Florida. Such change was at tions of, Section 617.0503, Flor | itnorizea b ida Statute | y ine c s. | corporation's board of directors, it nereby accept the appointment as registered | |
| SIGNATURE . | | | | | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AND | | Registered Ag | ent signa | nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD OFFICERS AND | DELETE | 1.1 TITLE | | Change Addition | |
| NAME | LEPKANICH, GERRY | | 1.2 NAME | | | |
| STREET ADDRESS | 3223 N OCEAN BLVD | | 1.3 STREE | T ADDRES | FSS | |
| CITY-ST-ZIP | GULFSTREAM FL 33483 | | 1.4 CITY- | | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | KIRSCHNER, MITCHELL B | | 2.2 NAME | | | |
| STREET ADDRESS | 2101 CORPORATE BLVD | | 2.3 STREET | T ADDRES | ESS + · · | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | 2. 4 CITY~ | ST-ZIP | , <u> </u> | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | LEPKANICH, MARY | | 3.2 NAME | | | |
| STREET ADDRESS | 3223 N OCEAN BLVD | | 3.3 STREE | r addres | ESS | |
| CITY-ST-ZIP | GULFSTREAM FL 33483 | | 3.4. CITY- | ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET | | ESS | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - S | T-ZIP | Change Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | L Cikinge L Addition | |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET | 4 DDDCC | | |
| | | | | | 555 | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - 5 6.1 TITLE | 11-4P | Change Addition | |
| NAME | | | 6.7 MEE | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRES | FSS | |
| CITY-ST-ZIP | | | 6.4 CITY - S | | | |
| | ertify that the information supplied with | this filing does not qualify for | | | stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information | |

Indicated on this annual report or supplied with this niling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic 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.

01-22-98