FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDE SEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Suite, Apt. #, etc

City & State

23 Zip

24

000004570

Country

2a. Mailing Address 2700 F Suite, Apt. #, etc.

5. Certificate of Status Desired

6. Election Campaign Financing

Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Applied For

Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?

10. Name and Address of New Registered Agent

Personal Property Tax due June 30.

D

9. Name and Address of Current Registered Agent

81 Name 82

83

FILED

Jun 01 1998 8:00am

Secretary of State

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 justine State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am families with a participant of Section 617 0503, Florida Statutes.

13.

84

(NOTE: Registered Agent signature required when reinstating)

Signature, by sed or prints a name of registered agost and LVF if applicable					
12.	OFFICERS AND DIRECTORS				
TITLE	11				. 🔲 DELET
NAME	HLLET	7° >	TENE	CW.	O_{J}
STREET ADDRESS	21000	Clesson !		10536	
CITY - S1 - ZIP	120°	Styne	= 1 Vo-12	$m_{\Omega/\Omega}$	
TITLE			1	ייייי 'כ,	DELET

11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City - St - ZiP 2.1 TITLE

> 2.2 NAME 2.3 STHEET ADDRESS

ND DIRECTORS IN 12 ☐ Change

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

2. 4 CITY-ST-ZIP 3.1 TrTLE 3.2 NAME

DELETE

DELETE

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change

Change

Addition

Addition

Addition

CITY-ST-ZIP 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CHTY-ST-ZIP

> 5 1 TITLE 5.2 NAME 5.3 STREFT ADDRESS

> 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME

63 STREET ADDRESS

7000025432号^{Change} -06/02/98--01011--004 ***70.00

Addition

CITY - ST - ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this liting 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 eath; that I am an officer or director of the corporation or the recover 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 11 as a statistic with an address.

STREET ADDRESS

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

941 649 4440