

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 # N97000004600 (9)

1. Corporation Name

COURTS OF PRAISE OF SOUTH FLORIDA, INC.

Principal Place of Business

1511 NW 91ST AVENUE
APT. #928
CORAL SPRINGS FL 33071

Mailing Address

1511 NW 91ST AVENUE
APT. #928
CORAL SPRINGS FL 33071

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FOGANHOLI, JOSE C
1511 NW 91ST AVENUE
APT. #928
CORAL SPRINGS FL 33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

1.2 NAME

Jose Carlos Foganholi

1.3 STREET ADDRESS

1511 NW 91Av APT.#928

1.4 CITY-STATE-ZIP

Coral Springs, Fl 33071

2.1 TITLE

Director

2.2 NAME

Flavio Bergmann

2.3 STREET ADDRESS

4830 E. Mariners Way

2.4 CITY-STATE-ZIP

Coconut Creek, Fl, 33063

3.1 TITLE

Director

3.2 NAME

Nilson Magro

3.3 STREET ADDRESS

4840 E. Mariners Way

3.4 CITY-STATE-ZIP

Coconut Creek, Fl, 33063

4.1 TITLE

Director

4.2 NAME

Jose Foganholi

4.3 STREET ADDRESS

5000 C. Lighthouse Circle

4.4 CITY-STATE-ZIP

Coconut Creek, Fl, 33063

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Oct 08 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

08/13/1997

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

[]

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

[]

Yes

[]

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

[]

Yes

[]

No

10. Name and Address of New Registered Agent

CR2E037 (5/98)