

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

FILED
Sep 10 1998 8:00am
Secretary of State

DOCUMENT # **N97000006807 (8)**

1. Corporation Name

OTHERS INTERNATIONAL, INCORPORATED



Principal Place of Business

Mailing Address

871 N.W. 4TH AVE.
POMPANO BEACH FL 33060

871 N.W. 4TH AVE.
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

52-1960744

Applied For

Not Applicable

2. Principal Place of Business

21 2300 W. Sample Road

Suite, Apt. #, etc.

22 Suite 315

City & State

23 Pompano BCH., Fl

Zip

24 33073

Country

25 USA

2a. Mailing Address

26 2300 W. Sample Road

Suite, Apt. #, etc.

27 Suite 315

City & State

28 Pompano Beach, Fl

Zip

29 33073

Country

30 USA

5. Certificate of Status Desired ☒

\$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 homeowner association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HUNT, MELISSA R
4150 N.E. 1ST TERRACE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

Shirley Wiggins

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

**2300 West Sample Road
Suite 315**

83 City

Pompano Beach,

FL

85 Zip Code
33073

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 *Shirley Wiggins*
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/26/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☒ DELETE
NAME **Melissa Hunt**
STREET ADDRESS **871 N.W. 4th Avenue**
CITY-ST-ZIP **Pompano Beach, Fl 33060**

TITLE **Tr** ☒ DELETE
NAME **Charmaine Clarke**
STREET ADDRESS **2914 S.W. 67th Ter.**
CITY-ST-ZIP **Miramar, Fl**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **XXXXX P/M** ☐ Change ☒ Addition
1.2 NAME **Shirley Wiggins**
1.3 STREET ADDRESS **4150 N.E. 1 Ter, Pompano Bch.,**
1.4 CITY-ST-ZIP **33064**

2.1 TITLE **C** ☐ Change ☒ Addition
2.2 NAME **Shirley Timmons**
2.3 STREET ADDRESS **4391 N.W. 19th Street # 270**
2.4 CITY-ST-ZIP **Lauderhill, Fl 33313**

3.1 TITLE **S** ☐ Change ☐ Addition
3.2 NAME **Vivian Young**
3.3 STREET ADDRESS **545 N.W. 21st Court, Pompano**
3.4 CITY-ST-ZIP **Pompano Beach, Fl 33060**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **MAGGIE Johnson**
4.3 STREET ADDRESS **916 S.W. 15th, #3**
4.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Claudette Haynes**
5.3 STREET ADDRESS **7714 Jewelweed Court**
5.4 CITY-ST-ZIP **Springfield, Virginia 22152**

6.1 TITLE **100002636841** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **-09/11/98--01025--015**
6.4 CITY-ST-ZIP *****70.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Melissa Hunt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-26-98 (954) 788-053

CR2E037 (5/98)