## NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA CEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90253 035 \*\*\*\*61.25

	1999	T. T	DIVISION OF	CORPORATIONS	/	
DOCU 1. Corporation	MENT#	N9800	0000	190 V		
•	SHI	arl Scri	سکسر زان ہ	<b>2</b> (C)	( (2012) \$1(1) 12025 (11) 2014 (2012 )2(1 105)	
Ż					5 573079 - 90027 - 33 9 +	
Principal Plac	se of Business	1 15# St. 11, F1-333	ng Address	Sam e	_	
100	10 1010	1/ 5	- /			
Lan	derhil	11, F-1-333	7/			_
2. Principal F 21 36	Place of Business		ailing Address		3. Date Incorporates or Outlifed	
Suite, Apt.	#, etc.	<u> </u>	uite, Apt. #, etc.	1/	4. FEI Number Applied For Not Applied For Not Applied For	-{
22 City & Star	te .	// /-   27   Ci	ity & State		\$8.75 Additional	1
23 La	iderh.	// + 1 28			5 Certificate of Status Desired Fee Required	
Zip	CZ)(	ountry Zi	P	Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24 3.2	<b>2</b> / /  25	<u>US77</u> 29	ed Agent	30	10. Name and Address of New Registered Agent	1
Fd	ward	Miller K	leg Az	ext 81 Name	NH	
1000	2/ 4/4	60Hg Pl.		82 Street	t Address (P.O. Box Number is Not Acceptable)	1
			•	B3		┨
Park	land,	F1. 33076	•		lool 2: Ordo	-
				84 City	FL 85 Zip Code	]
11. Pursuant	to the provisions o	f Sections on / Jubuz and on/:	ipuo, riunua piatu Such change was a	euthorized by the corp	d corporation submits this statement for the purpose of changing its registered poralion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, an	d accept the obligations of, Se	etion 617.0503, Fk	orida Statutes.	, , , ,	
SIGNATURE	Signature, typed or printe	of name of registered agent and title if app	Scable. (NOTE	E: Registered Agent signature	required when reinstaling) DATE	<b>⊕</b>
12.		OFFICERS AND DIRECT	ORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
TITLE			☐ DELETÉ	1.1 TITLE	President Addition	
NAME			-	12 NAME	Edward Who 60# Pl	CR2E037
STREET ADDRESS	]			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Parkland F1. 33076	8
CITY-ST-ZIP			☐ DELETE	21 TITLE	Ceccetary Change Addition	ן ט
NAME				2.2 NAME	Marian Halmes D	ì
STREET ADDRESS	ļ			2.3 STREET ADDRESS		
CITY-ST-ZIP				2.4 CITY-ST-21P	Lauderhill, FI-33313	4
TILE			☐ DELETE	3.1 TITLE	Director   Change   Addition	i
NAME		<del></del>	-	3.2 NAME	Sharon Fore	
STREET ADDRESS		•		- 133 STREET ADDRESS	872 Banks Nd 1 E) 32063	-
CITY-ST-ZIP TITLE		- <del></del> -	DELETE	4.1 TITLE	Director Addition	1
NAME	}			4.2 NAME	Tox Koutcher . D	]
STREET ADDRESS	`			4.3 STREET ADDRESS	85/2) NW 54 ST.	l
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Laude/ hill, F1. 3335/	ł
TITLE			☐ DELETE	5.1 TITLE	Orector Addition	1
NAME	ŀ			5.2 NAME 5.3 STREET ADDRESS	Blanch Templeton	1
STREET ADDRESS	1			5.4 City-ST-ZIP	10718 NW 495 Manor 33076	l
TITLE			DELETE	6.1 TITLE	Change Addition	İ
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
OTT OT 210				6.4 CiTY-ST-ZIP		J
14. I hereby o	certify that the infor	mation supplied with this filing	does not greatify fo	r the exemption states	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Interesty certary uses the information supposed with this taking does not present for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is give 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 managiner or trustee epipowerld 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 aparthment with any address, with all other life empowered.

SIGNATURE: 2