FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P950 COUNTY FOUNDATION,	00066640 (inc.	(0)		118 BULLA BIYUB AHIY BUBU BBU 1891
Principal Place	e of Business	Mailing Address			IIF AMAD AMAD BUUN DABAN BUM MURI
2300 N.W. 16TH ST. 2300 N.W. 16TH ST. POMPANO BEACH FL 33069 POMPANO BEACH F					W0 00 4 05
				DO NOT WRITE IN TH	IIS SPACE
				3, Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		08/28/1995 4. FEI Number	Applied For
21		26		65-0604141	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
3	U	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
4	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
11. Pursuant office or r agent: I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida S te of Florida. Such change v gations of, Section 607.0508	tatutes, the above-named covas authorized by the corpor 5, Florida Statutes.	progration submits this statement for the purposation's board of directors. I hereby accept the	85 Zip Code e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and tille it applicable	(NOTE Registered Agent signature red	guired when reinstating) DAT	E
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		Change Addition
NAME	HEWITT, RUTHERFORD H	I JR.	1.2 NAME		
STREET ADDRESS	10660 NW 38TH STREET	oe	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 3306 VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MESSER, WALTER E		2.2 NAME		
STREET ADDRESS	825 NW 47TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33	064	2. 4 CITY-ST-ZIP	······································	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CATY - ST - ZIP 4.1 TITLE	100000000000000000000000000000000000000	Change Addition
VAME .		U DELETE	4.1 HILE 4.2 NAME		THE CHANGE THE MUNICIPAL
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
FITLE		DELETE			☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	····	5.4 CITY-ST-ZIP		
ritle		☐ D£LETE			Change [_] Addition
NAME			6.2 NAME		
STREET ADDRESS		_	6 3 STREET ADDRESS		

14. I hereby certify that the information supplied with this ring does not qualify for the axemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental anodal 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 of the received of these empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an alterimory with a address.

SIGNATURE:

CITY-ST-ZIP

FILED

Apr 17 1998 8:00am

Secretary of State