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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9600000701 (8)

## **FILED** May 05 1998 8:00am Secretary of State

432, IN	NG.												
Principal Plac	ce of Busines	 S	Ma	iling Address									
1110 2ND AV			11	10 2ND AVE S IKE WORTH FL 33460									
Ding House	11 16 00400		C.	inc womin ie 00400					DO NOT WRITE IN THIS	SPACE	<u> </u>		
									3. Date Incorporated or Qualified				
6 Principal 6	Plans of Pusic	2000	1 20	Mailion Addronn					12/26/1995		<del></del>		
2. Principal Place of Business 21				2a. Mailing Address					4. FEI Number	Applied For Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						65-0634049	SR 75 Additional			
22			27						5. Certificate of Status Desired	-		equired	
City & Sta	ite			City & State					8. Election Campaign Financing	\$!	5.00	May Be	
23			28	·					Trust Fund Contribution			to Fees	
Zip	ĺ	Country		Zip		untry	,		8. This corporation owes or has paid the cu	rrent ye			
24		25	29		30					Yes		No	
		and Address of Current	Hegist	ered Agent		81	Nam		10. Name and Address of New Registered	Agent			
	rogis, mar					61	Nam	Ð					
9313 <b>S</b> PANISH MOSS RD E Lake worth FL 33467						82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)				
Į LA	WE MOKIH	FL 3346/				83	-						
						84	City		FL	85	Zip I	Code	
11. Pursuant	to the provisi	ions of Sections 607.0502	and 60	7.1508, Florida Statut	es, the a	LLL	Le-name	d corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	t chan	ging it	s registered	
office or agent. La	regi <b>ste</b> red ag am <b>(a</b> miliar wi	ent, or both, in the State of th, and accept the obligation	of Florid Lions of	a. Such chan <b>ge was</b> : Section 607,05 <b>05</b> , Fli	authorize orida Sta	ed by stutes	the co	rporatio	on's board of directors. I hereby accept the ap-	ominioc	nt as	registered	
SIGNATURE		, , and accept the danger			J. 1040		•						
	Signature, typed	or printed name of registered agen			E Registere	d Age	nt signatu	re required	d when reinstating) DATE				
12.	ADOT	OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	DPST OPEN	MARK U		[_] DELETE	1.1 T					☐ Ch	iange	☐ Addition	
NAME		, MARK V			1	IAME							
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STREET ADDRESS					6.2 N		ADDRESS						
CITY-ST-ZIP					i i	ITY-S							
WILL OF CH	<b></b>				<b>■</b> 0.4 U	111.0	4 - CH	1					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.