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

PROFIT CORPORATION **ANNUAL REPORT**

1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Jun 26 1998 8:00am

Secretary of State

DOCUMENT # P97000044967 (2)

NIGHT	CAGUE OF FLORIDA, INC	<i>,</i>						
Principal Place of Business Mailing Address \$605 WLAUREL STREET 5005 W. LAUREL STREET						a LUGANGON DIA INSIN DODAN ODDAN OBSINA BRINA DA	ini diku diku kale	ilii 1801 188
TRANSPARE SUITE 211 TRANSPARE TAMPA FL 33607						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified		
						05/19/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-3451256	TA	pplied For
,111 At	:l a ntic Avenie	26				59-3451256		ot Applicable
			. Apt. #, etc.			5. Certificate of Status Desired 3 \$8.75 Addi		
City & State City & State					•••••	6. Election Campaign Financing		May Be
Zip		26	7	untry	,	Trust Fund Contribution L		to Fees
_ 11/	80 Tai USA	Zip		лич у		8. This corporation owes or has paid t		itangible No
4 334	25 Name and Address of Curre	29 29 Agent	30	т		Personal Property Tax due June 30 10. Name and Address of New Regis		
		our richards of whelit		81	Name	IU, Harre and Address of New Yorgis	oled Agein	
	TON, LUZ M							
5005 W. LAUREL STREET				82 Street A		Address (P.O. Box Number is Not Acceptable)		
	ITE 211			83				
IAI	MPA FL 33607							
•				84	City		FL 85 Zip	Code
	AT ATT OF STATE OF ST	60 - 1007 - 60 First 6	G	\coprod		oration submits this statement for the purp- ion's board of directors. I hereby accept the		a societa ed
SIGNATURE	Signature types or prodest on a refrequenced of	gent and the supposable. ND DIRLCTORS			nt signature requir	ed when reinstating) (ADDITIONS/CHANGES TO OFFICER	OAND DIDECTO	DC (N 12
12. Title	<u> </u>	DELETE	13.			ADDITIONS/CHANGES TO OFFICER	Change	Addition
NAME	COTON, LUZ			1.2 NAME				
STREET ADDRESS	5005 W. LAUREL STREET,	#211			ADDRESS			
CITY-ST-ZIP	TAMPA FL 33607	7211		31Y-\$1				
TITLE	IAMER I L 33007	DELETE				Pres & Director	Change	X Addition
NAME			22 N	-		TNER, Joanne	— ·	
STREET ADDRESS						1 Atlantic Ave.		
CITY-ST-ZIP				CITY · S	T. 7/P Pa	1m Beach, FL 33480		
TITLE		DELETE				cretary & Director	Change	X Addition
NAME			3.2 N	IAMÉ				
STREET ADDRESS			3.3 S	TREET	ADDRESS 111	rron,Carolyn Atlantic Ave.		
CITY-ST-ZIP			3.4. 0	OITY-S	ar-z⊪ İPa	1m Beach, FL 33480)	
TITLE		☐ DELETE	4.1 ()	ILF			Change	Addition Addition
NAME .			4. 2 N	IAMÉ	{			
STREET ADDRESS			4.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	_		440	ΠY-SI	I - ZIP			
TITLE		DELFTE	5.1 T	ITLE		TOTAL BUTTON BUTTON BUTTON BUTTON BUTTON TO THE WAR	Change	Addition
NAME			5.2 N	AMÉ		7 /1010/004/23/ 57/7/4 1 -06/28/5801093		
STREET ADDRESS			5.3 S	IREFT.	ADDRESS		. 054	
CITY-ST-ZIP			54 C	ITY-SI	1 · ZIP	***158.75		_
TrTLE		☐ DELETE	6.1 71	TLE			Change	Addition

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of the same logal effect as if made under oath; that I all a officer or director of the conformation 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 chapter, or on an attachment with arranderss.

64 CITY - ST - 7IP

6.2 NAME

NAME STREET ADDRESS