PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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and Street Add	resses of Each Officer and	l/or Director (Florid	ida nonpro	ofit corporations mu	st list at lea	ıst 3 directors)		
	Name of Officers and/or Directors						City / State / Zip	
Suzanne Domenico) {	812 SW 178th Way			/ Pembr	oke Pines, FL	33029
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statement apply the corporation	ication, the reason for disse on have been paid and the r	olution has been e names of individua	eliminated als listed o	l, the corporate nam on this form do not o	ne satisfies t qualify for a	the requirements of section 607 in exemption contained in Chap	.0401 or 617.0401, F.S., tha	at all fees
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