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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

V55579

(9)

1. Corporatio	n Name " V000/8	) (9)				
COMPL	JTER PORTRAIT OWNERS A	ASSOCIATION, INC.				
					Í (1886 B) BORÐ BORÐ BORÐ BORÐ BORÐ BORÐ BORÐ BORÐ	115 <b>010</b> 50 01057 85001 81011 1001
Principal Place of Business Mailing Address					( 1001) ATIMA BUSU BUSU BUSU IN 10 10 10 10 10 10 10 10 10 10 10 10 10	'15 manat manet ninca mawar imme
160 S.W. 12T	H AVENUE	160 S.W. 12TH AVENU	E			
SUITE 106 SUITE 106 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE	
	C1017 1 C 20772	DECREED DENOTED	33742		3. Date Incorporated or Qualified	
					08/03/1992	
_	face of Business	2a. Mailing Address			4. FEi Number	Applied For
21		26		65-0371686	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required	
City & State	9	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
<b>23</b> Zip	Country	28	Col	intry	Trust Fund Contribution	Added to Fees
24	25	29	30	nto y	This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible
[24]	9. Name and Address of Current		30		10. Name and Address of New Registered	
co	HEN, ARNOLD ESQ			81 Name		
OAGA MODEL ECOPOAL LINEY				00 01 1 1 -1 -1	(DO D. N. J. 1994	
STE 314				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431			:	83		
				84 City		
					FL	85 Zip Code
11. Pursuant I	o the provisions of Sections 607.0502	and 607.1508, Florida Stat	utes, the at	ove-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
agent. I a	n familiar with, and accept the obligat	tions of, Section 607.0505, I	s autnorize Florida Stat	a by the corporati utes.	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						İ
	Signature, typed or printed name of registered agen			l Agent signature require		
12.	CFFICERS AND	DELETE	13.	25	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	KENDES, SAMUEL	T pereie	1.1 TC 1.2 NA	··		L Change L Addition
STREET ADDRESS	160 S.W. 12TH AVE #106			REET ADDRESS		
City-St-ZIP	DEERFIELD BEACH FL		1	TY-ST-ZIP		
TITLE	)	DELETE	2.1 Til		<del> </del>	Change Addition
NAME	RAUDENBUSH, MARION P.		2.2 NA	l .		
STREET ADORESS	160 S.W. 12TH AVE #106			REET ADDRESS	. •	
CITY-ST-ZIP	DEERFIELD BEACH FL			TY-ST-ZIP	1	
TITLE	PST	DELETE	3.1 TI			☐ Change ☐ Addition
NAME	KENDES, SAMUEL		3.2 NA	ME		
STREET ADDRESS	160 S.W. 12TH AVE #106		3.3 ST	REET ADDRESS		
CITY - ST - ZiP	DEERFIELD BEACH FL		3.4. CI	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 717	LE		Change Addition
NAME			4. 2 N/	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 717			Change Addition
NAME			5.2 NA	I .		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT	LE		Change Addition

14. I hereby cert fy 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE.

NAME

STREET ADDRESS

FEQUIRED SEQUIRED

1/28/98

954-427-9998

**FILED** 

Feb 05 1998 8:00am

Secretary of State