NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002131

Corporation Name

EAA CHAPTER 98 INC.

Principal Place of Business 12691 N.E. 131ST PLACE ARCHER FL 32618

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

12691 N.E. 131ST PLACE ARCHER FL 32618

US

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FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90014 035 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/14/1997

59-3441465

4. FEI Number

Zip	Country	Zip	Country		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
24	25		io	<u> </u>	Trust Fund Contribution			rees
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name				
	•	• • • •	01	Name				·
HINTENLANG: DAVID E:PH.D. 12691 N.E. 131ST PLACE ARCHER FL 32618			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					٠.
			84	City		FI	85 Zip C	ode
120 tr 31 100	to the provisions of Sections 617.0502 a	ond 617 1509. Elorida Statutes	the above	a-named com	oration submits this statement	for the ourpose o	f changing its r	egistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	horized by	the corporation	on's board of directors if hereb	v accept the appo	animeni as reg	Stereos
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	tegistered Agen	t signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE		04/17/097		☐ Change	☐ Addition
NAME	HINTENLANG, DAVID E PH.D.		1.2 NAME					
STREET ADDRESS	12691 N.E. 131ST PLACE		1.3 STREET	ADDRESS	强力。保持			
CITY-ST-ZIP	ARCHR FL 32618		1.4 CITY-S	T-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	HANNA, KEVIN		2.2 NAME					
STREET ADDRESS	3124 S W 154TH STREET		2.3 STREET	ADDRESS				
CITY-ST-ZIP	ARCHER FL 32618		2.4 CITY-S	iT-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	BERKHOUDT, DAN		3.2 NAME					
STREET ADDRESS	812 N.W 18TH AVENUE		3.3 STREET	ADDRESS				
CITY: ST-ZIP	GAINESVILLE FL 32609		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	· ·		4. 2 NAME	ļ	6 1416912	\$\$**\ 99.33 \$4\d1 \$3***	era de l'en d	Robbits 1
STREET ADDRESS	· .		4.3 STREET	TADORESS				3 1
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	1 1 1 1 1 1 1 1 1 1	re merche.	12" (1 67 161] <u> </u>	(1) 13 13 13 13 13 13 13 13 13 13 13 13 13
TITLE		☐ DELETE	5.1 TITLE	1			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS	_	•	5.3 STREET	T ADDRESS				
CITY-ST-ZIP	VD		5.4 CITY+S	T-ZIP	14. 14.1 14.1			
TITLE	38.5	☐ DELETĒ	6.1 TITLE		67		Change .	Addition Addition
NAME	[123 : 1 / 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·		6.2 NAME		•			
STREET ADDRESS	ACTIVE CONTRACTOR		6.3 STREET					Ì
CITY-ST-ZIP			6.4 CITY-S				- 476 - Ab - 4-45 - 1	<u> </u>
14 I horoby	certify that the information supplied with	this filing does not qualify for t	he exempt	ion stated in 5	Section 119.07(3)(i), Florida St	atutes. I further of	ertify that the in	tormation

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/2//99 352-992-8//2

Applied For

\$8.75 Additional

Fee Required

Not Applicable