


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 701861 (7)
 Corporation Name
KIWANIS CLUB OF BISCAYNE BAY, INC.



| | | | |
|---|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| ROOM 308 GERSTEIN JUSTICE BUILDING 1351 NW 12 ST MIAMI FL 33125 US | | 535 BIRD ROAD CORAL GABLES FL 33146-1307 US | |
| 21 | 22 | 26 | 27 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| 24 | 25 | 29 | 30 |
| Zip | Country | Zip | Country |

3. Date Incorporated or Qualified
01/02/1961

4. FEI Number
59-0709941

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ROSINEK, JEFFREY
535 BIRD ROAD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STAN BLAKE | 1.2 NAME | FRED SUCO |
| STREET ADDRESS | 7810 SW 184TH ST | 1.3 STREET ADDRESS | 211 DGER RUN |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI SPRINGS FL 33166 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, JR. E | 2.2 NAME | |
| STREET ADDRESS | 775 N.W. 21ST STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEFFREY ROSINEK | 3.2 NAME | |
| STREET ADDRESS | 535 BIRD ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, SAUL H. | 4.2 NAME | |
| STREET ADDRESS | 8430 S.W. 170TH TERR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAWN, ARTHUR H. | 5.2 NAME | |
| STREET ADDRESS | 5061 SW 95 COURT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORRIS, MARC | 6.2 NAME | MATT GOLDMAN |
| STREET ADDRESS | 90 EDGEWATER DR | 6.3 STREET ADDRESS | 7190 SW 100 ST |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | MIAMI FL 33156 |

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

SIGNATURE: *Saul H Silverman* SAUL SILVERMAN April 16, 1998 (305)687-4415

CR2E037 (10/97)