FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 706831

(5)

F()I	INTA	INHFAD	ASSOCIATION.	INC

Principal Place of Business Mailing Address							-	! I ! !!!!	HOLOHOL BARA	16071 010 11			
3900 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308			3900 OCEAN DRIVE LAUDERDALE BY THE SEA	3900 OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308									
	***************************************						3. Date Incorporated or 0 02/14/1964	Qualified	3a. Date 04	of Last 1/21/1			
2. 21	. Principal Pla	ace of Business	2a. Mailing Address 26	2a. Mailing Address			4. FEI Number 13-2524871	-	Applied For Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.	 1			5. Certificate of Status De	sired		\$8.75 Additional			
23	City & State		City & State	harm,			Election Campaign First Trust Fund Contribution		\$5.00 May Be Added to Fees				
24	Ζip	Country 25	Zip 3	Zip Country			8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes Yes V No						
9. Name and Address of Current Registered Agent			<u>-</u>			10. Name and Address of New Registered Agent							
	1401 1 1414	o (conv		8-	Na	ime			· l				
		s, Jerry Ean Drive		82	St	Street Address (P.O. Box Number is Not Acceptable)							
LAUD BY THE SEA FL 33308				83									
				84	Cit	ty			FI.	85 Zip	p Code		
	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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, Soction 617.0503, Florida Statutes.												
Sł	GNATURE _	Signature, typed or printed name of registered a	agent and title if anninable /NOTE	Registered Age	ot sign:	Principle required v	when reinstating)		DATE	···			
1:			AND DIRECTORS	13.	, K digi-	a.cre required t	ADDITIONS/CHANGES	TO OFFIC		BEGIC	SS IN 12		
TIT	LE	DS	X DELETE	1.1 TITLE		50		1001116		Change	Addition		
NA	.ME	WENTZ, MARY	M	1.2 NAME	Se.		cretary				X ,		
ST	REET ADDRESS	3900 OCEAN DR.		1.3 STREET A			hn Kontos						
CII	IY-ST-ZIP	I AND BY THE GEA EI		1.4 CITY-	1.4 CITY-ST-ZIP T.E		00 Ocean Dri ud BY The Se	ve	T. 33	200			
TIT	LE	P	DELETE	2.1 TITLE			**************************************	G		308 Change	☐ Addition		
NA	ME	GOODRUM, DAN		2.2 NAME									
STI	REET ADDRESS	3900 OCEAN DR.		2.3 STREE	r addr	ESS					İ		
	Y-ST-ZIP	LAND BY THE SEA FL		2. 4 C(TY-ST-Z)P		·							
717		DT	XXDELETE	3.1 TITLE D		Dia	rector			Change	Addition		
	ME	FRISINGER, EDWARD		3.2 NAME			nald Ertley						
STREET ADDRESS 3900 OCEAN DR.				3.3 STREET ADDRESS		ESS 390	00 Ocean Driv	ve.					
	Y-ST-ZIP	LAND BY THE SEA FL		3.4. CITY - S1 - ZIP			ud By The Sea		L_33	308			
111				4.1 TITLE			•	-		Change	Addition		
NAME AYOUD, JOSEPH		3900 OCEAN DR		4. 2 NAME									
	REET ADDRESS	1 1115 51/ 51/5 654 51		4.3 STREE									
UII TIT	Y-ST-ZIP	D DELETE			4.4 CITY - ST - ZIP				P1				
NA		BOWIE, ROSS	Decert	5.1 TITLE						Change	Addition		
	REET ADDRESS	3900 OCEAN DR.		5.2 NAME	T 4000								
	Y-ST-ZIP	LAUD BY THE SEA FL		5.3 STREE		E92					İ		
TIT		DVD		61 TITLE	CITY-ST-ZIP TITLE				F"1	Change	Addition		
NAI		BUNTIN, R	Doccie	62 NAME					البا	ланус			
	REET ADDRESS	3900 OCEAN DR.		6.3 STREE	i Vuud	F99							
	Y-ST-ZIP	LAUD BY THE SEA FL		6.4 CITY-		100							
	. Ldo bereby	certify that the information supplied	ed with this filing is voluntarily fulnished	ed and doe	e not	qualify for	the exemption stated in Sec	tion 119.07	7(3)(k), Florida	a Statut	es. I further		
14. I do hereby certify that the Information supplied with this filing is voluntarily fulnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tratee 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:

BIGNATURE AND TYPED OR PRINTED NAME OF GONING OFFICER OR DIRECTOR

4/29/96 Date

954-776-0732 Daytma Pro-e #