

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90041 029 \*\*\*\*70.00

**DOCUMENT # 715566**

1. Entity Name

FLORIDA SOCIETY OF RADIO LOGIC TECHNOLOGISTS,  
INC.



Principal Place of Business

6825 NW 15TH STREET  
MARGATE FL 33063  
US

Mailing Address

6825 NW 15TH STREET  
MARGATE FL 33063  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBUS, ANTHONY J  
6825 NW 15TH ST.  
POMPANO BEACH FL 33063  
MARGATE, FL 33063

Name

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

City

MARGATE

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRIFFIN, GINGER ☐ Delete  
STREET ADDRESS 3909 SUNBEAM RD #515  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD  
NAME HARRISON, MARILYN ☐ Delete  
STREET ADDRESS 1121 SW 39 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE CB  
NAME LAMBUS, ANTHONY ☐ Delete  
STREET ADDRESS 6825 NW 15 STREET  
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony J. Lambus*

2/6/06

954-968-0283