

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721858 (9)

1. Corporation Name
MAHI SHRINE HOLDING CORPORATION

Principal Place of Business Mailing Address
1480 N.W.N. RIVER DR. 1480 N.W.N. RIVER DR.
P.O. BOX 351087 P.O. BOX 351087
MIAMI FL 33135 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1971 3a. Date of Last Report 03/03/1994

4. FEI Number 59-0723334 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ALEXANDER, ROBERT J.
10035 SW 84TH STREET
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CSD
NAME ALEXANDER, ROBERT J.
STREET ADDRESS 10035 S.W. 84TH STREET
CITY-ST-ZIP MIAMI FL 33173

1.1 TITLE CSD Change Addition
1.2 NAME ALEXANDER, ROBERT J.
1.3 STREET ADDRESS 10035 S.W. 84TH STREET
1.4 CITY-ST-ZIP MIAMI, FL 33173

TITLE D
NAME DERINGER, WOODLAND B
STREET ADDRESS 145 CORYDON DR
CITY-ST-ZIP MIAMI SPRINGS FL 33166-5016

2.1 TITLE D Change Addition
2.2 NAME VOIGHT, PAUL C.
2.3 STREET ADDRESS P.O. BOX 315 N/A
2.4 CITY-ST-ZIP KEY COLONY BEACH, FL 33050

TITLE PD
NAME PIATT, JACK
STREET ADDRESS 6795 SW 98TH STREET
CITY-ST-ZIP MIAMI FL 33158-3220

3.1 TITLE P/D Change Addition
3.2 NAME DERINGER, WOODLAND B
3.3 STREET ADDRESS 145 CORYDON DRIVE
3.4 CITY-ST-ZIP MIAMI SPRINGS, FL 33166-5016

TITLE VD
NAME BORSA, JOHN
STREET ADDRESS 6917 SW 115TH PL, #4
CITY-ST-ZIP MIAMI FL 33173-3438

4.1 TITLE VD Change Addition
4.2 NAME JOHN BORSA
4.3 STREET ADDRESS 6917 SW 115 PL. #4
4.4 CITY-ST-ZIP MIAMI, FL 33173-3438

TITLE TD
NAME DAVIS, JAMES M
STREET ADDRESS 13417 SW 108 ST CIR
CITY-ST-ZIP MIAMI FL 33186-3304

5.1 TITLE T/D Change Addition
5.2 NAME MITCH, GEORGE
5.3 STREET ADDRESS 8905 S.W. 75TH STREET
5.4 CITY-ST-ZIP MIAMI, FL 33173-3438

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Alexander*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J. ALEXANDER

2/15/95 DATE 305-325-0411 DAYTIME PHONE #