

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 721858 (9)**  
1. Corporation Name  
**MAHI SHRINE HOLDING CORPORATION**



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

3. Date Incorporated or Qualified: **10/11/1971**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-0723334**  Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 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

TITLE	CSD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, ROBERT J.	
STREET ADDRESS	10035 S.W. 84TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGHT, PAUL C	
STREET ADDRESS	P O BOX 315 N/A	
CITY-ST-ZIP	KEY COLONY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERINGER, WOODLAND B	
STREET ADDRESS	145 CORYDON DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORSA, JOHN	
STREET ADDRESS	6917 SW 115TH PL, #4	
CITY-ST-ZIP	MIAMI FL 33173-3438	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MITCH, GEORGE	
STREET ADDRESS	8905 S.W. 75TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEXANDER, ROBERT J	
1.3 STREET ADDRESS	231 West 2nd Ct.	
1.4 CITY-ST-ZIP	Key Largo, FL. 33037	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SLATON, RALPH D	
2.3 STREET ADDRESS	1271 Meadowlark Ave.	
2.4 CITY-ST-ZIP	Miami Springs, FL. 33166	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VOIGHT, PAUL C	
3.3 STREET ADDRESS	P.O. Box 510315	
3.4 CITY-ST-ZIP	Key Colony Beach, FL. 33050	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Borsa, John W	
4.3 STREET ADDRESS	6917 SW 115th Pl. Apt. A	
4.4 CITY-ST-ZIP	Miami, FL. 33173-1861	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mitch, George	
5.3 STREET ADDRESS	8905 SW 75th St.	
5.4 CITY-ST-ZIP	Miami, FL. 33173	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: Paul C. Voight PD 2/27/96 305-0411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)