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NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721858

(9)

Mailing Address

MAHI SHRINE HOLDING CORPORATION

1490 N.W.N. RIV P.O. BOX 35108 MIAMI FL 33135	7	1480 N.W.N. RIVER DR. P.O. BOX 351087 MIAMI FL 33135-7087			3. Date Incorporated or Qualified 10/11/1971	3a. Date of Last Report 03/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0723334	Applied Fo		
21		26			30 0720007	Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	1	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	′	8. This corporation has liability for	intangible tax under s. 199.032	2,
24	25 9. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New R		
	9, Name and Address of Curren	ir uadistalan waalit	81	Name	······································		
AI FYAND	der, robert J.			i .	ALEXANDER, ROBERT		
	W 84TH STREET		82	2tteet y	Address (B.O. Box Nyrober is Not Richer is	TR' DRIVE	
MIAMI FL			83				
			84	City	MIAMI	65 3 ^{Zjo} C9de	
	10 (0.07	0 1043 4500 50 14 000		<u> </u>			
office or re agent. I ar	egistered agent, or both, in the State m tamiliar with, and accept the obligation of the control	ations of, Section 617.0503, Flo	uthorized by rida Statute	y the corp s.	corporation submits this statement for the poration's board of directors. I hereby acce	porpose or changing its registers opt the appointment as registers	∌d
SIGNATORE _	Signature, lyped or printed name of registered age		Registered Ag	ent a gnature	required when reinstating)	DATE	
12.	·	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	CSD	DELETE	1.1 TITLE		CSD		lition
NAME	ALEXANDER, ROBERT J.		1.2 NAME		ALEXANDER, ROBERT		
STREET ADDRESS	231 W 2ND COURT		1.3 STREE	F ADDRESS	1480 NW NORTH RIVE	K DKIAR	
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-3	ST-ZIP	MIAMI, FL 33125		
Tift€	D	DELETE	2.1 TITLE	·	OTRORY ATTITUTE	Change K Add	lition
NAME	SLATON, RALPH D.	_	2.2 NAME		SIEGEL, ALVIN I.	11 15 : :	
STREET ADDRESS	1271 MEADOWLARK AVENUE		2.3 STREE	TADDRESS	15335 SW 85TH AVEN		
CITY - ST - ZIP	MIAMI SPRINGS FL		2. 4 CITY -	ST-ZIP	MIAMI, FL 33157-21		
TITLE	PD	DELETE	3.1 TITLE		PD	Change Add	lition
NAME	VOIGHT, PAUL C.		3.2 NAME		SLATON, RALPH D.		
STREET ADDRESS	P.O. BOX 510315		3.3 STREE	T ADDRESS	1271 MEADOWLARK AN		
CITY - ST - ZIP	KEY COLONY BEACH FL		3.4. CITY -	ST-ZIP	MIAMI SPRINGS, FL		
TITLE	VD	₹ DELETÉ	4.1 TITLE		VD	☐ Change ♣☐ Add	lition
NAME	BORSA, JOHN W.		4. 2 NAME		KOPPLOW, RONALD	***	
STREET ADDRESS	6917 SW 115TH PLACE APT.	A	4.3 STREE	t address	1950 SW 27TH AVENU		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	ST-ZIP	MIAMI, FL 33145-25		
TITLE	TD	☐ DELETE	5.1 TITLE		TD	☐ Change ☐ Add	Jition
NAME	MITCH, GEORGE		5.2 NAME		MITCH, GEORGE		
STREET ADDRESS	8905 SW 75TH STREET		5.3 STREE	T ADDRESS	8905 SW 75TH STREE		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-	ST-ZIP	MIAMI, FL 33173-34		
THILE		☐ DELETE	6.1 TITLE			☐ Change ☐ Ado	lition
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

14. If do 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.