

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725683 (7)**

1. Corporation Name  
**MARGATE FLORIDA LODGE, INC. NO. 2463**



Principal Place of Business <b>5451 NW 15TH ST MARGATE FL 33063-3719</b>	Mailing Address <b>5451 NW 15TH ST MARGATE FL 33063-3719</b>
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3. Date Incorporated or Qualified <b>02/28/1973</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>59-1556118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**SZOCINSKI, JERRY**  
**6298 NW 15TH ST.**  
**MARGATE FL 33063**

**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	ER	<input checked="" type="checkbox"/> DELETE
NAME	WRYAN, WILLIAM J.	
STREET ADDRESS	6910 NW 17TH CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOUSTON, JOE	
STREET ADDRESS	6720 NW 20TH STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CABRAL, EDWARD	
STREET ADDRESS	3431 NW 20TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CAMPOLA, ANTHONY	
STREET ADDRESS	5360 N.W. 29TH COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TULCHIN, HOWARD	
STREET ADDRESS	6432 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUNROE, CHARLES	
STREET ADDRESS	6760 SW 9TH PLACE	
CITY-ST-ZIP	N. LAUDERDALE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT JUCKNIEWITZ
1.3 STREET ADDRESS	2840 NW 51 TR
1.4 CITY-ST-ZIP	MARGATE FL 33063
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AL FARRUGIA
3.3 STREET ADDRESS	7970 NW 1 ST
3.4 CITY-ST-ZIP	MARGATE FL 33063
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VINCENT P. COMO
5.3 STREET ADDRESS	6897 NW 1 CT
5.4 CITY-ST-ZIP	MARGATE, FL 33063
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 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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)