


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90241 003 \*\*\*\*61.25

0026214

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725683**

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

Principal Place of Business 5451 NW 15TH ST MARGATE FL 33063-3719	Mailing Address 5451 NW 15TH ST MARGATE FL 33063-3719
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/28/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1556118
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 **GEORGE ALLOCCA, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11510 W. SAMPLE ROAD - Suite 1**

83 **P.O. Box 8323**

84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

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 George Allocca **George Allocca** DATE **3/5/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ER	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, JIM	
STREET ADDRESS	7805 NW 5TH CT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGGE, EARL	
STREET ADDRESS	817 TAMARAL LN	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TULCHIN, HOWARD	
STREET ADDRESS	2760 <del>NW 25TH ST</del> <b>6432 VIA ROSA</b>	
CITY-ST-ZIP	BOCA RATON FL <del>33433</del> <b>33433</b>	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CAMPOLA, ANTHONY	
STREET ADDRESS	5360 N.W. 29TH COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COMO, VINCENT	
STREET ADDRESS	6897 NW 1 CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAPA, GENO	
STREET ADDRESS	4181 CASVENTO CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Howard Tulchin **Howard Tulchin** DATE **3/5/99** (954) ~~971-9690~~ **971-9690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Trustee / TREASURER Elect** Daytime Phone #

CR2E037 (11/98)