

# 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

**FILED**  
**Mar 15 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 726122 (5)**

1. Corporation Name

**MEADOWBROOK I-J-K-L CORPORATION, INC.**



Principal Place of Business  
**301 N.E. 14TH AVE #507  
C/O LOUIS GAFTMAN  
HALLANDALE FL 33009**

Mailing Address  
**301 N.E. 14TH AVE #507  
C/O LOUIS GAFTMAN  
HALLANDALE FL 33009**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

3. Date Incorporated or Qualified  
**04/13/1973**

3a. Date of Last Report  
**01/27/1995**

4. FEI Number  
**59-1446098**

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

9. Name and Address of Current Registered Agent  
**GAFTMAN, LOUIS  
301 N.E. 14TH AVENUE, #507  
301 NE 14TH AVENUE APT. 507  
HALLANDALE FL 33009**

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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FASS, FLORENCE	
STREET ADDRESS	320 NE 12TH AVE #401	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TYTELL, ARLYNE	
STREET ADDRESS	301 NE 14TH AVE #701	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CIOFFI, SIG	
STREET ADDRESS	301 NE 14TH AVE #708	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAFTMAN, LOUIS	
STREET ADDRESS	301 NE 14TH AVE #507	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEVALIER, ROBERT	
STREET ADDRESS	320 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD
3.3 STREET ADDRESS	HOULE, ANDRE
3.4 CITY-ST-ZIP	319 NE 14TH AVE HALLANDALE, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	LOUIS GAFTMAN
4.4 CITY-ST-ZIP	301 NE 14TH AVE HALLANDALE, FL
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 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: *Louis Gaftman* **LOUIS GAFTMAN** **3/8/96 (954) 456-5727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)