FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729305 (3)

1. Corporation Name
TAMARAC PRESIDENTS COUNCIL, INC.

Principal Place of Business	Mailing Address
5410 BANYAN LANE TAMARAC FL 33319	5410 BANYAN LANE TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1974
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2100815 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	25 2a. Mailing Address: as above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country: Broward

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PLATZ, LEO
5410 BANYAN LANE
TAMARAC FL 33319

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Leo Platz 4/4/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		1.1 TITLE		☐ Change ☐ Addition
NAME	SOHN, LOU		1.2 NAME		
STREET ADDRESS	7110 NW 74TH PLACE	D	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	VP		2.1 TITLE		☐ Change ☐ Addition
NAME	COGHLAN, WALTER		2.2 NAME		
STREET ADDRESS	4806 NW 49TH CT.	D	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	TD		3.1 TITLE		☐ Change ☐ Addition
NAME	PLATZ, LEO		3.2 NAME		
STREET ADDRESS	5410 BANYAN LANE	D	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE	VP		4.1 TITLE		☐ Change ☐ Addition
NAME	PADWA, JOE		4.2 NAME		
STREET ADDRESS	6601 NORTH UNIV DR.	D	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE	SD		5.1 TITLE		☐ Change ☐ Addition
NAME	JULIA REULAND		5.2 NAME		
STREET ADDRESS	4440 NW 26 TERRACE	D	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Leo Platz 4/4/95 305-485-4975
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Leo Platz Treasurer

0048797