04-07-1999 90024 043 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 737251

1. Corporation Name

FLORIDA LARYNGECTOMEE'S ASSOCIATION, INC.

Principal Place of Business Mailing Address						Labert regen that tend the Control	1161 BIBLI 61611	.' 	5 B1B1(1884
3709 W JETTO TAMPA FL 336		1427 E. HILLSBORO BLVD. #529 DEERFIELD BEACH FL 33441							
US . US						1			•
Principal Place of Business						Date Incorporated or Qualifed			
— —						11/09/1976			ł
21 26						4FEI:Number		Apr	lied-For-
22	27				59-2330591		Not	Applicable	
City & State City & State			te			6 Cartifacta of Status Desired		\$8.75 A	
23	•	28	28			5. Certifcate of Status Desired		Fee Rec	uired
Zip	Country Zip			ntry		6. Election Campaign Financing	. 🗅	\$5.00 N	vlay Be
24	25 29 30		30			Trust Fund Contribution		Added to	Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Age			gent		
					Name		`		ļ
WEINSTEIN, LEONARD				82 Street Address (P.O. Box Number is Not Accepte			ble)		
1427 E. HILLSBORO BLVD.							·		
#529				83					
DEERFIELD BEACH FL 33441			,	84	City		FL	85 Zip C	ode
	in the same of the same			L		the state of the		hanging its I	onietered
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, poed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					t signature required	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
12.		D DIRECTORS DELETE	1.1 111	0 E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
TITLE	PD NOOK EADI		1.2 NA					_ `	_
NAME	MOGK, EARL				ADDRESS				İ
STREET ADDRESS	***					•			
CITY-ST-ZIP	DANIA FL		1,4 CF 2.1 TF		-ZIP			Change	Addition
TITLE	VD		2.2 NA		,				_
NAME	TALON ALONGE				1000E00				
STREET ADDRESS	White the control of the				ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				Change	Addition
TITLE	JU							· · · · · · · · · · ·	
NAME	Littori, com			3.2 NAME 3.3 STREET ADORESS					
STREET ADDRESS	2701 0.2. 00 01.					•			Ī
CITY-ST-ZIP	0,011		_	3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE	TD	₩ DELETE							
NAME	WEINSTEIN, LEONARD	••	4. 2 N						ļ
STREET ADDRESS	1427 E. HILLSBORO BLVD., #5	29			ADDRESS				ĺ
CITY-ST-ZIP	DEERFIELD BEACH FL 440				-ZIP			Change	Addition
TITLE	D CHARLY		5.1 TI 5.2 N/					cange	
NAME	BLAIR, CHARLY				ADDRESS				Į
STREET ADDRESS					ľ				1
CITY-ST-ZIP	ORLANDO FL	C action	5.4 Cf 6.1 Tf		-4IP			☐ Change	Addition
ΠΙΕ** 357 1. Χ.Ε. 277 (A)	واحداث دود سي موا	☐ DELETE	1			•			
NAME			6.2 NA						
STREET ADDRESS	to the first		6.3 \$1	REET	ADDRESS				j

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:

454-427-7043