

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

DOCUMENT # 739416 (6)

1. Corporation Name

RO-MONT SOUTH EXECUTIVE COUNCIL, INC.



Principal Place of Business: **20314 NE 2ND AVE. N. MIAMI BEACH FL 33179**
Mailing Address: **20314 NE 2ND AVE. N. MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified: **06/16/1977**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **59-1742278**
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

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

9. Name and Address of Current Registered Agent
KANTERMAN, IRVING
100 NE 203RD TERRACE
NO MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name: **MYERS, JEANNE**
82 Street Address (P.O. Box Number is Not Acceptable): **165 N.E. 203rd TERRACE**
83
84 City: **No. Miami Beach** 85 Zip Code: **FL 33179**

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: *Jeanne Myers* **Jeanne Myers, President** 1/23/96

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PARZIALE, ARTHUR	
STREET ADDRESS	20310 NE 2 AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERTCHIK, ABRAHAM	
STREET ADDRESS	20275 NE 2ND AVE.	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	TRD	<input checked="" type="checkbox"/> DELETE
NAME	KANTERMANN, IRVING	
STREET ADDRESS	100 NE 203RD TERRACE	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, HERMAN	
STREET ADDRESS	20327 NE 2 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAIMEL, SANDRA	
1.3 STREET ADDRESS	20320 N.E. 2nd AVE.	
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
2.1 TITLE	President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MYERS, JEANNE	
2.3 STREET ADDRESS	165 NE. 203RD TERRACE	
2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
3.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WANER, FRED	
3.3 STREET ADDRESS	160 NE. 203rd TERRACE	
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
4.1 TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLOUTIER, JOHN, D	
4.3 STREET ADDRESS	20310 NE. 2nd AVE.	
4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33179	
5.1 TITLE	3rd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ISAAC, RUTH	
5.3 STREET ADDRESS	20330 N.E. 2nd AVE.	
5.4 CITY-ST-ZIP	N. MIAMI BEACH, FLA. 33179	
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: *Jeanne Myers* **Jeanne Myers** 1/23/96 (305) 652-0449
Date Daytime Phone #

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