

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 # **741779** (3)
1. Corporation Name
PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.



Principal Place of Business: **6200 NO ANDREWS AVENUE FORT LAUDERDALE FL 33309**
Mailing Address: **6200 NO ANDREWS AVENUE FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **02/22/1978**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-1731533**
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
**DICK, WILLIAM H.
1010 N.E. 196TH. TERRACE
MIAMI FL 33179**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDRO DE ARMAS	
STREET ADDRESS	19304 W LAKE DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD BMD	<input type="checkbox"/> DELETE
NAME	WILLIAM R. HART	
STREET ADDRESS	2252 NW 73RD AVE	
CITY - ST - ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS E. COLLETTE	
STREET ADDRESS	5408 NW 49TH WAY	
CITY - ST - ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVID MONSON	
STREET ADDRESS	1400 NW 19TH ST, #204	
CITY - ST - ZIP	MIAMI FL	
TITLE	BMD VD	<input type="checkbox"/> DELETE
NAME	ERNEST A. RAZZANO	
STREET ADDRESS	6523 NW 28TH CT	
CITY - ST - ZIP	MARGATE FL	
TITLE	BMD	<input type="checkbox"/> DELETE
NAME	WALTER REX	
STREET ADDRESS	800 NE 74TH ST	
CITY - ST - ZIP	BOCA RATON FL	

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 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: *Thomas E. Collette* **Treas** 1/17/96 (954) 771-7862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)