

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741779 (3)**  
1. Corporation Name  
**PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business <b>6200 NO ANDREWS AVENUE FORT LAUDERDALE FL 33309</b>	Mailing Address <b>6200 NO ANDREWS AVENUE FORT LAUDERDALE FL 33309-2129</b>
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3. Date Incorporated or Qualified <b>02/22/1978</b>		3a. Date of Last Report <b>01/24/1996</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1731533</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DICK, WILLIAM H.</b> <b>1010 N.E. 196TH. TERRACE</b> <b>MIAMI FL 33179</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>PEDRO DE ARMAS</b>	1.1 TITLE <b>Pedro De Armas</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDRO DE ARMAS</b>	1.2 NAME	<b>2652 Abell Road</b>
STREET ADDRESS	<b>19304 W LAKE DR</b>	1.3 STREET ADDRESS	<b>Lake Placid, FL 33852</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>BMD</b>	<input type="checkbox"/> DELETE <b>WILLIAM R. HART</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM R. HART</b>	2.2 NAME	
STREET ADDRESS	<b>2252 NW 73RD AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL</b>	2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE <b>THOMAS E. COLLETTE</b>	3.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS E. COLLETTE</b>	3.2 NAME <b>Jerry D. Jones</b>	
STREET ADDRESS	<b>5408 NW 49TH WAY</b>	3.3 STREET ADDRESS <b>936 Intracoastal, #703</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	3.4 CITY-ST-ZIP <b>Et. Lauderdale, FL 33304</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>DAVID MONSON</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID MONSON</b>	4.2 NAME	
STREET ADDRESS	<b>1400 NW 19TH ST, #204</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE <b>ERNEST A. RAZZANO</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERNEST A. RAZZANO</b>	5.2 NAME	
STREET ADDRESS	<b>6523 NW 28TH CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL</b>	5.4 CITY-ST-ZIP	
TITLE <b>BMD</b>	<input type="checkbox"/> DELETE <b>WALTER REX</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER REX</b>	6.2 NAME	
STREET ADDRESS	<b>800 NE 74TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Ernest Razzano* **3/14/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035846

CFR2E037 (9/96)