

FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90053 032 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741779

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/22/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-1946868	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAZZANO, ERNEST A 6523 NW 28TH COURT MARGATE FL 33063				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Immediate Past President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEDRO DE ARMAS	1.2 NAME			
STREET ADDRESS	2652 ABELL RD.	1.3 STREET ADDRESS	1206 Royal Tern Dr.		
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE	T	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, JERRY D.	2.2 NAME			
STREET ADDRESS	936 INTRACOASTAL, #703	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP			
TITLE	SD	3.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVID MONSON	3.2 NAME			
STREET ADDRESS	1400 NW 19TH ST, #204	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP			
TITLE	VD	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERNEST A. RAZZANO	4.2 NAME			
STREET ADDRESS	6523 NW 28TH CT	4.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP			
TITLE	BMD	5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTER REX	5.2 NAME			
STREET ADDRESS	800 NE 74TH ST	5.3 STREET ADDRESS	9656 Aralia Way		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boynton Beach, FL 33436		
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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: SIGNATURE REQUIRED Date: 954-771-7822 Daytime Phone #

CRZE037 (1/98)