

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742874 (1)

1. Corporation Name
ASSOCIATION OF MEADOWBROOK PRESIDENTS, INC.

Principal Place of Business Mailing Address
**% MOLLIE S. BINENFELO
219 NE 14TH AVENUE, #308
HALLANDALE FL 33009-2708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1978** 3a. Date of Last Report **03/04/1994**
4. FEI Number **65-0075745** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BINENFELD, MOLLIE
219 NORTH EAST 14TH AVENUE, APT. 308
HALLANDALE FL 33009**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COSLOW, LEO
STREET ADDRESS	420 NE 12TH AVE. #308
CITY - ST - ZIP	HALLANDALE FL
TITLE	VD
NAME	BRESNICK, SAUL
STREET ADDRESS	421 NE 14TH AVE, #104
CITY - ST - ZIP	HALLANDALE FL
TITLE	TD
NAME	GLASSON, IRVING
STREET ADDRESS	620 NE 12TH AVE #501
CITY - ST - ZIP	HALLANDALE FL 33009
TITLE	SD
NAME	BINENFELD, MOLLIE
STREET ADDRESS	219 N.E. 14TH AVE 308
CITY - ST - ZIP	HALLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	20000146652
1.4 CITY - ST - ZIP	-04/27/95--01051--018
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	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TURETZKY, SIDNEY
3.3 STREET ADDRESS	1001 NE 14th Ave. #101
3.4 CITY - ST - ZIP	HALLANDALE, FL. 33009
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	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ST. LAURENT, BEN
5.3 STREET ADDRESS	232 NE 12th AVE. #302
5.4 CITY - ST - ZIP	HALLANDALE, FL. 33009
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: Leo Coslow (Typed Name)
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR