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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **757997** (2)

1. Corporation Name
THE STRANAHAN HOUSE, INC.



Principal Place of Business: ONE STRANAHAN PLACE, PO BOX 030164, FT. LAUDERDALE 33303-0164
Mailing Address: STRANAHAN HOUSE INC, P.O. BOX 030207, FT. LAUDERDALE 33303 US

3. Date Incorporated or Qualified: **05/12/1981**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2164225	Not Applicable
22. 335 S.E. 6 Avenue	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Ft. Lauderdale, FL	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33301	25. Country Broward	29. Zip 33301	30. Country Broward
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**GALLO, WILLIAM J
GALLO, DUBOIS
1311 NEWPORT CENTER DRIVE WEST
DEERFIELD BEACH FL 33442**

81. Name: **Jane LeGette**
82. Street Address (P.O. Box Number is Not Acceptable): **Northern Trust Bank**
83. **2601 E. Oakland Park Blvd.**
84. City: **Fort Lauderdale** FL 85. Zip Code: **33306**

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: *[Signature]* **President, Jane LeGette** DATE: **1/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GALLO, WILLIAM J	1.1 TITLE: D	1.2 NAME: D
STREET ADDRESS: 1311 NEWPORT CENTER DRIVE WEST	CITY-ST-ZIP: DEERFIELD BEACH FL	1.3 STREET ADDRESS: D	1.4 CITY-ST-ZIP: D
TITLE: PE	NAME: LEGETTE, JANE	2.1 TITLE: P/D	2.2 NAME: P/D
STREET ADDRESS: 2601 OAKLAND PARK BLVD	CITY-ST-ZIP: FT LAUDERDALE FL	2.3 STREET ADDRESS: P/D	2.4 CITY-ST-ZIP: P/D
TITLE: V	NAME: BASS, JEANNE	3.1 TITLE: V/D	3.2 NAME: Holly Moody, Eakin & Moody
STREET ADDRESS: 790 E BROWARD BLVD. STE 102	CITY-ST-ZIP: FT LAUDERDALE FL	3.3 STREET ADDRESS: 2900 E. Oakland Park Blvd.	3.4 CITY-ST-ZIP: Fort Lauderdale, FL 33306
TITLE: V	NAME: HALLBERG, STACEY	4.1 TITLE: D	4.2 NAME: D
STREET ADDRESS: 200 E BROWARD BLVD	CITY-ST-ZIP: FT LAUDERDALE FL	4.3 STREET ADDRESS: D	4.4 CITY-ST-ZIP: D
TITLE: S	NAME: JORDAN, JERRY	5.1 TITLE: D	5.2 NAME: D
STREET ADDRESS: 5110 N FEDERAL HWY	CITY-ST-ZIP: FT LAUDERDALE FL	5.3 STREET ADDRESS: D	5.4 CITY-ST-ZIP: D
TITLE: T	NAME: LEGETTE, JANE	6.1 TITLE: T/D	6.2 NAME: Steven J. Preston, Arthur Andersen & Co.
STREET ADDRESS: 1100 E LAS OLAS BLVD	CITY-ST-ZIP: FT LAUDERDALE FL	6.3 STREET ADDRESS: 100 N. E. 3rd Avenue	6.4 CITY-ST-ZIP: Fort Lauderdale, FL 33301

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: *[Signature]* **William J. Gallo, PP/Dir.** DATE: **1/23/96**

CR2E037 (12/95)