

# 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 # 766946 (8)

1. Corporation Name

PROBUS CLUB OF MARGATE, FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O LILY LANE  
7684 N.W. 18TH ST.  
MARGATE FL 33063-3122

C/O LILY LANE  
7684 N.W. 18TH ST.  
MARGATE FL 33063-3122

3. Date Incorporated or Qualified

02/11/1983

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2289572

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

9. Name and Address of Current Registered Agent

LIEBMAN, BESSIE  
7640 NW 18TH STREET  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	T	<input type="checkbox"/> DELETE
NAME	LANE, LILY	
STREET ADDRESS	7684 N.W. 18TH ST.	
CITY-ST-ZIP	MARGATE, FL 33063 33063	
TITLE	C/S	<input type="checkbox"/> DELETE
NAME	WALNICK, ESTELLE	
STREET ADDRESS	7610 N.W. 18TH ST	
CITY-ST-ZIP	MARGATE, FL 33063 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPMAN HARRIET	
STREET ADDRESS	7684 NW 18TH ST.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, RHODA,	
STREET ADDRESS	462 LAUREL DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SATCHELL, SAM	
STREET ADDRESS	7690 N.W. 18TH ST	
CITY-ST-ZIP	MARGATE, FL 33063 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, MILTON	
STREET ADDRESS	7684 NW 18TH ST	
CITY-ST-ZIP	MARGATE, FL 33063 0	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P LIEBMAN, LEON
1.3 STREET ADDRESS	7640 NW 18 ST.
1.4 CITY-ST-ZIP	MARGATE, FL 33063
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. HANNES, BEN
2.3 STREET ADDRESS	7688 N.W. 18 ST
2.4 CITY-ST-ZIP	MARGATE, FL 33063
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P. DABROW, ESTELLE
3.3 STREET ADDRESS	7684 NW 18 ST
3.4 CITY-ST-ZIP	MARGATE, FL 33063
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S LIEBMAN, BESS
4.3 STREET ADDRESS	7640 NW 18 ST
4.4 CITY-ST-ZIP	MARGATE, FL 33063
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: X

*Leon Lieberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LEON LIEBMAN, PRES.

1/23/96  
Date

305-923-7591  
Daytime Phone #

CR2E037 (12/95)