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Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33063-3122C/O LILY LANE
7684 N.W. 18TH ST.
MARGATE FL 33063-31113. Date Incorporated or Qualified
02/11/19833a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number
59-2289572Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBMAN, BESSIE
7640 NW 18TH STREET
MARGATE FL 33063

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 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 12

TITLE T ☐ DELETE
NAME LANE, LILY
STREET ADDRESS 7684 N.W. 18TH ST.
CITY-ST-ZIP MARGATE, FL 33063 33063TITLE C/S ☐ DELETE
NAME WALNICK, ESTELLE
STREET ADDRESS 7610 N.W. 18TH ST
CITY-ST-ZIP MARGATE, FL 33063 33063TITLE D ☐ DELETE
NAME LIPMAN HARRIET
STREET ADDRESS 7684 NW 18TH ST.
CITY-ST-ZIP MARGATE, FL 33063TITLE D ☐ DELETE
NAME FRANKLIN, RHODA,
STREET ADDRESS 462 LAUREL DR.
CITY-ST-ZIP MARGATE FL 33063TITLE D ☐ DELETE
NAME SATCHELL, SAM
STREET ADDRESS 7690 N.W. 18TH ST
CITY-ST-ZIP MARGATE, FL 33063 33063TITLE D ☐ DELETE
NAME DAVIS, MILTON
STREET ADDRESS 7684 NW 18TH ST
CITY-ST-ZIP MARGATE, FL 33063 01.1 TITLE ☐ Change ☒ Addition
1.2 NAME LIEBMAN, LEON
1.3 STREET ADDRESS 7640 N.W. 18 ST
1.4 CITY-ST-ZIP MARGATE, FL 330632.1 TITLE ☐ Change ☒ Addition
2.2 NAME HANNES, BEN
2.3 STREET ADDRESS 7688 NW 18 ST
2.4 CITY-ST-ZIP MARGATE FL 330633.1 TITLE ☐ Change ☒ Addition
3.2 NAME DABROW, ESTELLE
3.3 STREET ADDRESS 7680 NW 18 ST
3.4 CITY-ST-ZIP MARGATE, FL 330634.1 TITLE ☐ Change ☒ Addition
4.2 NAME LIEBMAN, BESS
4.3 STREET ADDRESS 7640 NW 18 ST
4.4 CITY-ST-ZIP MARGATE, FL 330635.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-15-97

Daytime Phone # 0025445

CR2E037 (9/96)