

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767027**

1. Entity Name

INVENTORS SOCIETY OF SOUTH FLORIDA, INC.



Principal Place of Business

3220 SW 15 STREET  
DEERFIELD BEACH, FL 33442 US

Mailing Address

PO BOX 244306  
BOYNTON BEACH, FL 33424-4306 US



02132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2447428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLUM, ALVIN  
2350 DEL MAR PLACE  
FORT LAUDERDALE, FL 33301

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LEVY, ROBERT L  
STREET ADDRESS 745 NE 138 STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE V  
NAME FULTON, JOHN JR  
STREET ADDRESS 7751 NE BAYSHORE CT 2-C  
CITY-ST-ZIP MIAMI, FL 33138

TITLE S  
NAME ZAREMBA, JOANNA A  
STREET ADDRESS 5605 NW 49TH AVE  
CITY-ST-ZIP TAMARAC, FL 33318

TITLE D  
NAME LOUGHLIN, RICHARD  
STREET ADDRESS 1100 THERESA ST.  
CITY-ST-ZIP STUART, FL 34996

TITLE D  
NAME SILKEN, HOWARD  
STREET ADDRESS 5600 FOREST OAKS TERR  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE T  
NAME PETTERSEN, LUCY  
STREET ADDRESS 3349 E LINDA DR  
CITY-ST-ZIP JENSEN BEACH, FL 349573946

U000000268831  
03/18/05-80059-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Fulton Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2005

Date

(305) 858-8000

Daytime Phone