

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90031 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09204**

1. Corporation Name  
**ROAD KNIGHTS OF SOUTH FLORIDA, INC.**

Principal Place of Business 1906 N. DIXIE HWY HOLLYWOOD FL 33020	Mailing Address 12301 N.W. 23RD CT PLANTATION FL 33323
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/09/1985</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2674588</b>	
22 City & State	27 City & State	Applied For - <input type="checkbox"/> Not Applicable	
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WEBER, HOWARD</b> 1906 N. DIXIE HWY HOLLYWOOD FL 33020		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, HOWARD	1.2 NAME	
STREET ADDRESS	12301 N.W. 23RD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33323	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, DANIEL	2.2 NAME	
STREET ADDRESS	27560 LANYARD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, ALVIN	3.2 NAME	
STREET ADDRESS	2159 NW 63RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33363	3.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COTTRELL, MARY</del>	4.2 NAME	
STREET ADDRESS	<del>412 NW 20TH ST</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>WILTON MANORS FL 33311</del>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRECH, RALPH	5.2 NAME	
STREET ADDRESS	191 S.W. 66TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33307	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, JUDY	6.2 NAME	
STREET ADDRESS	12301 N.W. 23RD CT (D)	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33323	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/8/99** DAYTIME PHONE #: **954-922-0126**

CR2E037 (11/98)