

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # N34851 (8)

1. Corporation Name

95 MAY -1 PM 9:29

WILTON MANORS BUSINESS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2132 NW 9TH AVE FT. LAUDERDALE FL 33305 **2132 NW 9TH AVE FT. LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/24/1989** 3a. Date of Last Report **04/25/1994**
4. FBI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. 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

COORDINATING CONSULTANTS CONSORTIUM INC.
2132 NE 9TH AVE
FT. LAUDERDALE FL 33305

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT**
NAME **MILLER, RICHARD J.**
STREET ADDRESS **2800 N. DIXIE HWY.**
CITY - ST - ZIP **FT. LAUDERDALE FL**
TITLE **DVP**
NAME **HELMHOLDT, ROBERT**
STREET ADDRESS **1700 N.E. 26TH STREET #1**
CITY - ST - ZIP **FT. LAUDERDALE FL**
TITLE **DP**
NAME **MENDEL, ALAN**
STREET ADDRESS **2509 N. ANDREWS AVE.**
CITY - ST - ZIP **FT. LAUDERDALE FL**
TITLE **DS**
NAME **WEST, BARBARA**
STREET ADDRESS **2132 NE 9TH AVE**
CITY - ST - ZIP **FT. LAUDERDALE FL 33305**

1.1 TITLE **DT** Change Addition
1.2 NAME **STRENNEN, LOU**
1.3 STREET ADDRESS **2450 NE 15 AVE**
1.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33305**
2.1 TITLE **DVP** Change Addition
2.2 NAME **WISE, DANIEL**
2.3 STREET ADDRESS **2400 E. OAKLARK PARK BLVD.**
2.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33304**
3.1 TITLE **DP** Change Addition
3.2 NAME **HELMHOLDT, ROBERT**
3.3 STREET ADDRESS **1700 NE 26 ST. #1**
3.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33305**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOU STRENNEN - DT

4/25/95

305-566-8815