

**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 # **N34851** (8)

1. Corporation Name  
**WILTON MANORS BUSINESS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **10/24/1989**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business: **P.O. Box 24332**  
22. Suite, Apt. #, etc.:  
22a. Mailing Address: **P.O. Box 24332**  
22b. Suite, Apt. #, etc.:

4. FEI Number: **NOT APPLICABLE**  
Applied For:  Not Applicable

23. City & State: **Ft. Lauderdale, FL**  
23a. City & State: **Ft. Lauderdale, FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

24. Zip: **33305** Country: **Broward**  
25. Zip: **33307** Country: **Broward**

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

10. Name and Address of New Registered Agent  
81 Name: **LOU STRENNEN**  
82 Street Address (P.O. Box Number is Not Acceptable): **2430 NE 13 AVE.**  
83  
84 City: **FT. Lauderdale, FL** 85 Zip Code: **33305**

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]* **LOU STRENNEN, Treasurer - 5-1-96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating **WILTON MANORS BUSINESS ASSN**)

12. OFFICERS AND DIRECTORS

|                 |                                   |  |
|-----------------|-----------------------------------|--|
| TITLE           | <b>DT</b>                         | <input type="checkbox"/> DELETE            |
| NAME            | <b>STRENNEN, LOU</b>              |  |
| STREET ADDRESS  | <b>2430 NE 13 AVE.</b>            |  |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL</b>          |  |
| TITLE           | <b>DVP</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>WISE, DANIEL</b>               |  |
| STREET ADDRESS  | <b>2400 E. OAKLANK PARK BLVD.</b> |  |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL</b>          |  |
| TITLE           | <b>DP</b>                         | <input type="checkbox"/> DELETE            |
| NAME            | <b>HELMHOLDT, ROBERT</b>          |  |
| STREET ADDRESS  | <b>1700 NE 26 ST., #1</b>         |  |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL</b>          |  |
| TITLE           | <b>DS</b>                         | <input type="checkbox"/> DELETE            |
| NAME            | <b>WEST, BARBARA</b>              |  |
| STREET ADDRESS  | <b>2132 NE 9TH AVE</b>            |  |
| CITY - ST - ZIP | <b>FT. LAUDERDALE FL 33305</b>    |  |
| TITLE           |                                   | <input type="checkbox"/> DELETE            |
| NAME            |                                   |  |
| STREET ADDRESS  |                                   |  |
| CITY - ST - ZIP |                                   |  |
| TITLE           |                                   | <input type="checkbox"/> DELETE            |
| NAME            |                                   |  |
| STREET ADDRESS  |                                   |  |
| CITY - ST - ZIP |                                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 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: *[Signature]* **5-1-96 (954) 566-8815**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)