

**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 # **N45206 (2)**  
1. Corporation Name  
**SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O NORTHERN TRUST BK - ADA POGGIO  
700 BRICKELL AVENUE  
MIAMI FL 33131**

3. Date incorporated or Qualified **09/19/1991** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	<b>ROBERT F MAHONEY/A.</b>		<b>65-0428320</b>	Not Applicable
22	City & State	27	<b>757 NW 41 TERRACE</b>	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	<b>DEERFIELD BCH, FL</b>		Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	<b>33442</b>	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25		30	<b>USA</b>			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MAHONEY, ROBERT F  
757 NW 41 TERRACE  
DEERFIELD BEACH FL 33442**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>TD</del> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YASMIN, JESSA</b>	1.2 NAME	
STREET ADDRESS	<b>501 E LAS OLAS BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>DR</del> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERG, LARRY M</b>	2.2 NAME	
STREET ADDRESS	<b>7545 N KENDALL DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POGGIO, ADA</b>	3.2 NAME	
STREET ADDRESS	<b>700 BRICKELL AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<del>VPO</del> <input type="checkbox"/> DELETE	4.1 TITLE	<b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRAVERS, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>218 DATURA ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<del>SD</del> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VP D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIZZARELLO, ROCCO F.</b>	5.2 NAME	
STREET ADDRESS	<b>801 E HALLANDALE BCH BL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>ALAN LEVY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>10 NW 42 AVENUE</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>MIAMI FL 33126</b>

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: Carol Stravers **CAROL STRAVERS** 4/18/96 659-9974 (407)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)