

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 # **N46887 (8)**
1. Corporation Name
KWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.



Principal Place of Business: 1790 NW 122 TERR, PEMBROKE PINES FL 33026 US
Mailing Address: 1790 NW 122 TERR, PEMBROKE PINES FL 33026 US

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 05/16/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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

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

9. Name and Address of Current Registered Agent: BELL, THOMAS P., 1790 NW 122 TERR, PEMBROKE PINES FL 33026
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LEVY, MASON 3620 SW 68 WAY MIRAMAR FL	1.1 TITLE	P. D.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD MINER, JOANNE 3244 S UNIVERSITY MIRAMAR FL	2.1 TITLE	F
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BELL, THOMAS 1790 NW 122 TER PEMBROKE PINES FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD RODRIGUEZ, YVONNE 7350 HARBOUR BLVD. MIRAMAR FL	4.1 TITLE	300001730000
NAME		4.2 NAME	-03/04/96--01055--005
STREET ADDRESS		4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S PARKER, JOHN 4825 PEMBROKE ROAD HOLLYWOOD FL	5.1 TITLE	S. D.
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 13 if changed or on an attachment with an address.

SIGNATURE: *Thomas P. Bell* DATE: 1/25/96 DAYTIME PHONE #: 954-431-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas P. Bell

CR2E037 (12/95)