

**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 # *N93000003590*  
1. Corporation Name  
*DANIA ANTIQUE DISTRICT BUSINESS ASSC. INC.*

Principal Place of Business Mailing Address  
*P.O. Box 845 DANIA, FL. 33004*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <i>8/9/93</i>	3a. Date of Last Report <i>3/16/95</i>
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number <i>65-0435341</i>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>PAULA SCHIMMEL 3 N. FEDERAL HWY DANIA, FL 33004</i>		10. Name and Address of New Registered Agent	
81. Name <i>LINDA GOLDZMAN</i>	82. Street Address (P.O. Box Number is Not Acceptable) <i>3N. FEDERAL HWY</i>	83.	84. City <i>DANIA</i>
		85. Zip Code <i>33004</i>	

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 *LINDA GOLDZMAN* DATE *4/19/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>P. PAULA SCHIMMEL</i>	11 TITLE	<i>D</i>
NAME	<i>PAULA SCHIMMEL</i>	12 NAME	<i>LINDA GOLDZMAN</i>
STREET ADDRESS	<i>3N. FEDERAL</i>	13 STREET ADDRESS	<i>3N. FEDERAL HWY</i>
CITY-ST-ZIP	<i>DANIA FL 33004</i>	14 CITY-ST-ZIP	<i>DANIA FL 33004</i>
TITLE	<i>D. BEAUDET, PHYLYSS</i>	21 TITLE	<i>D</i>
NAME	<i>BEAUDET, PHYLYSS</i>	22 NAME	<i>GOLDIE ROSSOW</i>
STREET ADDRESS	<i>56 N. FED HWY</i>	23 STREET ADDRESS	<i>3N. FEDERAL HWY</i>
CITY-ST-ZIP	<i>DANIA FL 33004</i>	24 CITY-ST-ZIP	<i>DANIA FL 33004</i>
TITLE	<i>D. DELUCIA, MARY</i>	31 TITLE	<i>D</i>
NAME	<i>DELUCIA, MARY</i>	32 NAME	<i>JARIE SELIGMAN</i>
STREET ADDRESS	<i>300 E DANIA BLVD</i>	33 STREET ADDRESS	<i>19 N. FEDERAL</i>
CITY-ST-ZIP	<i>DANIA FL 33004</i>	34 CITY-ST-ZIP	<i>DANIA, FL 33004</i>
TITLE	<i>D. KIRSHENBAUM, DORIS</i>	41 TITLE	
NAME	<i>KIRSHENBAUM, DORIS</i>	42 NAME	
STREET ADDRESS	<i>19 N FED</i>	43 STREET ADDRESS	
CITY-ST-ZIP	<i>DANIA</i>	44 CITY-ST-ZIP	
TITLE	<i>D. MUELLER, KEN</i>	51 TITLE	
NAME	<i>MUELLER, KEN</i>	52 NAME	<i>300001791683</i>
STREET ADDRESS	<i>3830 NW 77 AVE</i>	53 STREET ADDRESS	<i>-04/24/96--01002--003</i>
CITY-ST-ZIP	<i>HWY FL 33024</i>	54 CITY-ST-ZIP	<i>***61.25</i>
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 checked or on an attachment with an address.  
SIGNATURE: *Linda Goldzman* DATE: *3/26/96* Daytime Phone #: *920.2030*

CR2E037 (12/95)