


**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90021 026 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # N98000001672</b>		
<b>1. Corporation Name</b> <b>SOUTH FLORIDA CHAPTER OF SILVER WINGS FRATERNITY, INC.</b>		
<b>Principal Place of Business</b> 8307 N.W. 3RD. PLACE CORAL SPRINGS FL 33071	<b>Mailing Address</b> 8307 N.W. 3RD. PLACE CORAL SPRINGS FL 33071	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0837567 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

<b>9. Name and Address of Current Registered Agent</b> SELDON, LOUIS 8837 N.W. 3RD. PLACE CORAL SPRINGS FL 33071	<b>18. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Seldon	1.2 NAME	
STREET ADDRESS	8937 N.W. 3rd Pl.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stan Baumwald	2.2 NAME	
STREET ADDRESS	1242 N.W. 102nd Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071	2.4 CITY-ST-ZIP	
TITLE	Secretary Glen Coleman <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Coleman	3.2 NAME	
STREET ADDRESS	4640 Bougainvillea Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderdale by the Sea, FL 33308	3.4 CITY-ST-ZIP	
TITLE	Treasure Jay Hamilton <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Hamilton	4.2 NAME	
STREET ADDRESS	4050 S.W. 83rd Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33328	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Louis Seldon **SIGNATURE REQUIRED** 3-18-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4-7-99

CR2E037 (4/1/98)