FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:29

DOCUMENT # **766946** **(8)**

1. Corporation Name

PROBUS CLUB OF MARGATE, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O LILY LANE 7684 N.W. 18TH ST. MARGATE FL 33063-3122	C/O LILY LANE 7684 N.W. 18TH ST. MARGATE FL 33063-3122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2289572 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LIEBMAN, BESSIE
7640 NW 18TH STREET
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	T	11 TITLE	P	☐ Change ☑ Addition
NAME	LANE, LILY	12 NAME	LIEBMAN, LEON	
STREET ADDRESS	7684 N.W. 18TH ST.	13 STREET ADDRESS	7640 NW 18 ST.	
CITY-ST-ZIP	MARGATE, FL 33063 33063	14 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	C/S	21 TITLE	V.P.	☐ Change ☑ Addition
NAME	WALNICK, ESTELLE	22 NAME	NAVES, BEN	
STREET ADDRESS	7610 N.W. 18TH ST	23 STREET ADDRESS	7688 N.W. 18 ST.	
CITY-ST-ZIP	MARGATE, FL 33063 33063	24 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	31 TITLE	V.P.	☐ Change ☑ Addition
NAME	LIPMAN HARRIET	32 NAME	DARROW, ESTELLE	
STREET ADDRESS	7684 NW 18TH ST.	33 STREET ADDRESS	7634 N.W. 18 ST.	
CITY-ST-ZIP	MARGATE, FL 33063	34 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	41 TITLE	S	☐ Change ☑ Addition
NAME	FRANKLIN, RHODA,	42 NAME	LIEBMAN, BESS	
STREET ADDRESS	462 LAUREL DR.	43 STREET ADDRESS	7640 N.W. 18 ST.	
CITY-ST-ZIP	MARGATE FL 33063	44 CITY-ST-ZIP	MARGATE FL. 33063	
TITLE	D	51 TITLE	D	☐ Change ☑ Addition
NAME	SATCHELL, SAM	52 NAME	BASS, NATHAN	
STREET ADDRESS	7690 N.W. 18TH ST	53 STREET ADDRESS	7640 NW 18 ST.	
CITY-ST-ZIP	MARGATE, FL 33063 33063	54 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	61 TITLE	D	☐ Change ☑ Addition
NAME	DAVIS, MILTON	62 NAME	BAISE, SYLVIA	
STREET ADDRESS	7684 NW 18TH ST	63 STREET ADDRESS	7640 NW 18 ST.	
CITY-ST-ZIP	MARGATE, FL 33063 0	64 CITY-ST-ZIP	MARGATE, FL 33063	

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)(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.

SIGNATURE: X Leon Liebman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEON LIEBMAN

0034634