

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -8 AM 9:43

DOCUMENT # N14219 (2)  
T. Corporation Name

PEMBROKE PINES FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: % ROBERT A. SUGARMAN, P.O. BOX 8120, PEMBROKE PINES FL 33084  
Mailing Address: % ROBERT A. SUGARMAN, P.O. BOX 8120, PEMBROKE PINES FL 33084

3. Date Incorporated or Qualified	04/07/1986	3a. Date of Last Report	02/09/1994
4. FEI Number	23-7367583	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent  
SUGARMAN, ROBERT A.  
5959 BLUE LAGOON DR.  
SUITE 150  
MIAMI FL 33126

10. Name and Address of New Registered Agent	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 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 date if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	D
NAME	GILMARTIN, SHAWN	1.2 NAME	GILMARTIN, SHAWN
STREET ADDRESS	5248 SW 94 AVE	1.3 STREET ADDRESS	5248 SW 94 AVE
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	COOPER CITY, FL
TITLE	D	2.1 TITLE	D
NAME	NICKISON, MATT	2.2 NAME	John Pierzella
STREET ADDRESS	1921 NW 106 AVE	2.3 STREET ADDRESS	11709 SW 50 CT.
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Cooper City, FL
TITLE	D	3.1 TITLE	D
NAME	RYMING, DONALD	3.2 NAME	RICH MOSS
STREET ADDRESS	4941 SW 81 AVE	3.3 STREET ADDRESS	940 NW 202 AVE.
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	P. PINES FL
TITLE	D	4.1 TITLE	VP
NAME	ROSS, STUART	4.2 NAME	John CAPRIO
STREET ADDRESS	2211 NW 93 AVE	4.3 STREET ADDRESS	905 NW 202 AVE
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	P. PINES, FL
TITLE	ST	5.1 TITLE	ST
NAME	FUCHS, JAMES	5.2 NAME	JAMES FUCHS
STREET ADDRESS	10497 NW 3RD STREET	5.3 STREET ADDRESS	856 NW 104 AVE
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	P. PINES, FL.
TITLE	P	6.1 TITLE	
NAME	MONTOPOLI, JOSEPH	6.2 NAME	
STREET ADDRESS	10011 S.W. 7TH CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	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 110.07(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 as an attachment with an address.

SIGNATURE: James Fuchs JAMES FUCHS 2-2-95 305-437-4278  
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)