

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N28626 (2)

1. Corporation Name

EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business

C/O H. G. PRALL
1139 ALFONSO AVE
CORAL GABLES FL 33146

Mailing Address

C/O H. G. PRALL
1139 ALFONSO AVE
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
10/01/1988

3a. Date of Last Report
04/06/1995

4. FEI Number
65-0106043

Applied For
Not Applicable

2. Principal Place of Business

21 **6 S. BARTOLOMEO**

2a. Mailing Address

26 **6 S. BARTOLOMEO**

Suite, Apt. #, etc.

22 **8220 SW 89 ST.**

Suite, Apt. #, etc.

27 **8220 SW 89 ST.**

City & State

23 **MIAMI, FL.**

City & State

28 **MIAMI, FL.**

24 **33156**

Country

25 **USA**

29 **33156**

Country

30 **USA**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PRALL, H.G.
1139 ALFONSO AVE.
CORAL GABLES FL 33146

81 Name **BARTOLOMEO SARAH**

82 Street Address (P.O. Box Number is Not Acceptable)
8220 SW 89 ST.

83

84 City **MIAMI**

FL 85 Zip Code **33156**

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 **SARAH BARTOLOMEO**

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MUELLE, JORGE	
STREET ADDRESS	155 OCEAN LANE DR. #215	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, DONALD J.	
STREET ADDRESS	3319 ANDERSON RD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCANN, PETER	
STREET ADDRESS	5820 SW 87TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PRALL, DONA M.	
STREET ADDRESS	1139 ALFONSO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLATZ, LEO	
STREET ADDRESS	8900 SW 104 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, DOUGLAS	
STREET ADDRESS	6831 SW 147 AVE #3E	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENGTSON, STURE R.	
1.3 STREET ADDRESS	10820 SW 74 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33143	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PARDO, SANTIAGO	
2.3 STREET ADDRESS	7335 SW 114TH ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33156	
3.1 TITLE	NO CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BARTOLOMEO, SARAH	
4.3 STREET ADDRESS	8220 SW 89 ST.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33156	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GAMBLE, JAY L.	
5.3 STREET ADDRESS	5210 ALHAMBRA CIRCLE	
5.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAIN, WILMA	
6.3 STREET ADDRESS	600 BILTMOREWAY #402	
6.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STURE R. BENGTSON

(305) 666-3023

Daytime Phone

3/13/96