

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 # 716257 (1)

1. Corporation Name

1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEV
AUX, GRANDE VOITURE OF FLORIDA



Principal Place of Business

HUIT CHEVAUX GRAND VOITURE OF FLORIDA
316 S W 25TH STREET
FORT LAUDERDALE FL 33315

Mailing Address

PO BOX 350133
FT LAUDERDALE FL 33336-0133

3. Date Incorporated or Qualified
03/24/1969

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

26 1140 NE 169 TERR

4. FEI Number
59-6151483

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 NORTH MIAMI BEACH, FL.

24 Zip

25 Country

29 Zip

33162

30 Country

DADE

9. Name and Address of Current Registered Agent

STOECKLE, GORDON
5730 SIMMS STREET
HOLLYWOOD FL 33021

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BRYNMAN, AL
STREET ADDRESS 51 NE 47TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE PD ☐ DELETE
NAME SCHULTE, CLYDE
STREET ADDRESS 2820 NE 57 STREET
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VD ☐ DELETE
NAME CAMPBELL, GENE
STREET ADDRESS 924 NW 11 COURT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ DELETE
NAME PETERSEN, WILLIAM
STREET ADDRESS 1561 NE 43 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME LARKINS, JAMES
STREET ADDRESS 12540 SW 6 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ST ☐ DELETE
NAME STOECKLE, GORDON
STREET ADDRESS 5730 SIMMS ST
CITY-ST-ZIP HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D PETER A. CALIENDO
4.3 STREET ADDRESS 19812 NW 13 P.L.
4.4 CITY-ST-ZIP MIAMI FL 33179

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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

Date

Daytime Phone #

CR2E037 (12/95)