

**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 #** *N95000000121*

1. Corporation Name  
**SOUTH FLORIDA YOUTH PROGRAMS, INC.**

Principal Place of Business Mailing Address  
**504 Lakeside Circle c/o Mark Draizin**  
**Sunrise, FL 33326 P O Box 290912**  
**Davie, FL 33329**

2. Principal Place of Business 2a. Mailing Address  
21 **504 Lakeside Cir** 26 **P O Box 290912**  
Suite, Apt #, etc Suite, Apt #, etc  
22 **Sunrise, FL 33326** 27  
City & State City & State  
23 **Sunrise, FL 33326** 28 **Davie, FL 33329**  
Zip Country Zip Country  
24 **33326** 25 **Broward** 29 **33329** 30 **Broward**

3. Date Incorporated or Qualified **1/9/95** 3a. Date of Last Report  
4. FEI Number **65-0553805** 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

9. Name and Address of Current Registered Agent  
**Schneider, Laz L Esq.**  
**c/o Berger & Davis, P.A.**  
**100 NE 3 Avenue Suite 400**  
**Ft. Lauderdale, FL 33301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>Mark Draizin, Director</b> <input type="checkbox"/> DELETE
NAME	<b>P O Box 290912</b>
STREET ADDRESS	<b>Ft. Lauderdale, FL 33329</b>
CITY - ST - ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE
NAME	<b>Jeanette Draizin</b>
STREET ADDRESS	<b>P O Box 290912</b>
CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33329</b>
TITLE	<b>Aaron Draizin, Director</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>P O Box 290912</b>
STREET ADDRESS	<b>Ft. Lauderdale, FL 33329</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mark Draizin</b>
1.3 STREET ADDRESS	<b>504 Lakeside Circle</b>
1.4 CITY - ST - ZIP	<b>Sunrise FL 33326</b>
2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jeanette Draizin</b>
2.3 STREET ADDRESS	<b>504 Lakeside Circle</b>
2.4 CITY - ST - ZIP	<b>Sunrise FL 33326</b>
3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John Hopwood</b>
3.3 STREET ADDRESS	<b>1274 Seagrape Circle</b>
3.4 CITY - ST - ZIP	<b>Ft Lauderdale FL 33326</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>300001919683</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-08/13/96--01025--003</b>
6.3 STREET ADDRESS	<b>***70.00</b>
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: *Jeanette Draizin* **Jeanette Draizin** *5/1/96* **5/1/96** *452-1512* **452-1512** *9:30*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*After 2:30* **After 2:30** *(954) 385-389-1221* **(954) 385-389-1221**

CR2E037 (12/95)