

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728015** (9)

1. Corporation Name

THE OLYMPUS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

500 THREE ISLANDS BLVD.  
HALLANDALE FL 33009

500 THREE ISLANDS BLVD.  
HALLANDALE FL 33009-2887



3. Date Incorporated or Qualified  
**11/14/1973**

3a. Date of Last Report  
**03/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number  
**59-1497116**

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

10. Name and Address of New Registered Agent

FELIX, MANNEY  
500 3 ISLAND BLVD  
HALLANDALE FL 33009

81 Name  
**MARK BRAUN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**500 3 ISLANDS BLVD.**

83

84 City  
**HALLANDALE**

85 Zip Code  
**FL 33009**

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 **MARK BRAUN**  
Signature, typed or printed name of registered agent and title if applicable

**MARK BRAUN**  
(Note: Registered Agent signature required when reinstating)

**4/9/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE  
NAME **ABRAMS, PATRICIA**  
STREET ADDRESS **600 3 ISLAND BLVD**  
CITY - ST - ZIP **HALLANDALE FL**

TITLE **VD** ☐ DELETE  
NAME **SUPERFINE, EARL**  
STREET ADDRESS **500-3 ISLAND BLVD**  
CITY - ST - ZIP **HALLANDALE FL**

TITLE **D** ☒ DELETE  
NAME **FISHER, SYLVIA**  
STREET ADDRESS **500-3 ISLANDS BLVD.**  
CITY - ST - ZIP **HALLANDALE FL**

TITLE **PD** ☒ DELETE  
NAME **RAYMOND, RAY**  
STREET ADDRESS **600 3 ISLAND BLVD**  
CITY - ST - ZIP **HALLANDALE FL**

TITLE **D** ☒ DELETE  
NAME **SUPERFINE, EARL**  
STREET ADDRESS **500-3 ISLANDS BLVD**  
CITY - ST - ZIP **HALLANDALE FL**

TITLE **TD** ☐ DELETE  
NAME **HURWITZ, HYMAN**  
STREET ADDRESS **600-3 ISLANDS BLVD**  
CITY - ST - ZIP **HALLANDALE FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **HOROWITZ LEO**  
1.3 STREET ADDRESS **600 3 ISLANDS BLVD.**  
1.4 CITY - ST - ZIP **HALLANDALE FL 33009**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **SUPERFINE, EARL**  
2.3 STREET ADDRESS **500 3 ISLANDS BLVD**  
2.4 CITY - ST - ZIP **HALLANDALE FL 33009**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **NOWELL MARTHA**  
3.3 STREET ADDRESS **2500 PARKVIEW DRIVE**  
3.4 CITY - ST - ZIP **HALLANDALE FL 33009**

4.1 TITLE **VP** ☐ Change ☒ Addition  
4.2 NAME **SCHERLINE STUART**  
4.3 STREET ADDRESS **2500 PARKVIEW DRIVE**  
4.4 CITY - ST - ZIP **HALLANDALE, FL 33009**

5.1 TITLE **AS** ☐ Change ☒ Addition  
5.2 NAME **SILVER VIVIAN**  
5.3 STREET ADDRESS **600 3 ISLANDS BLVD.**  
5.4 CITY - ST - ZIP **HALLANDALE, FL 33009**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **MILLER LEONARD**  
6.3 STREET ADDRESS **500 3 ISLANDS BLVD.**  
6.4 CITY - ST - ZIP **HALLANDALE, FL 33009**

14. I do hereby certify that the information supplied with this filing 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: **Earl Superfine**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/97**  
Date

**984-456-8886**  
Daytime Phone # 0022622

CR2E037 (9/96)