

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90025 042 \*\*\*\*70.00

**DOCUMENT # 767027**

1. Corporation Name

**INVENTORS SOCIETY OF SOUTH FLORIDA, INC.**

Principal Place of Business

7927 CORAL ST  
LANTANA FL 33462-6103  
US

Mailing Address

7927 CORAL ST  
LANTANA FL 33462-6103  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/11/1983

4. FEI Number

59-2447428

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

9. Name and Address of Current Registered Agent

**WHITE, ROBERT E**  
**7927 CORAL ST**  
**LANTANA FL 33462**

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 ☐ DELETE  
NAME **P LOUGHLIN, RICHARD**  
STREET ADDRESS **1100 THE RESA ST**  
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ DELETE  
NAME **V WHITE, ROBERT E**  
STREET ADDRESS **7927 CORAL ST**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ DELETE  
NAME **S ZAREMBA, JOANNA A**  
STREET ADDRESS **5605 NW 49TH AVE**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ DELETE  
NAME **D STERK, ANTHONY H**  
STREET ADDRESS **904 PALM TR**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ DELETE  
NAME **D SILKEN, HOWARD**  
STREET ADDRESS **5600 FOREST OAKS TERR**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ DELETE  
NAME **D SHILLING, ARTHUR**  
STREET ADDRESS **818 CHUKKIER ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P WHITE ROBERT E**  
1.3 STREET ADDRESS **7927 CORAL ST.**  
1.4 CITY-ST-ZIP **LANTANA FL 33462-6103**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **BLUM ALVIN S.**  
2.3 STREET ADDRESS **2350 DEL-MAR PLACE**  
2.4 CITY-ST-ZIP **FOOT LAUDERDALE FL 33301**

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**ROBERT E. WHITE** 05/03/99 561 533-6848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)