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

701607 DOCUMENT #

(4)

SOCIETE DE MAITRE D', INC.

Principal Place of Business Malling Address 5676 ELIZABETH CIRCLE. #40

Country

25

FT LAUDERDALE FL 33305

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Ζþ

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23

-2220 N ATLANTIC BLVD-C -FT-LAUDEDALE FL 93305-C

Suite, Apt. #,

City & State

3330

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29

28. Mailing Address 26. 2735 NE ILLST.

LAUDERD ALC

Country

FILED

97 APR -4 PM 3: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4. FEI Number 65-0030256

Florida Statutes

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

305-*975-0867*

Not Applicable

REINSTATEMENT 910-9 Date Incorporated or Qualified 10/27/1960 3a. Date of Last Report 07/24/1995

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name		
MATURI, LARRY (MR.)				82	Stroot /	Address (P.O. Box Number Is Not Acceptable)	
2440 N.E. 51ST STREET				ا 2	SHOOLF	Additions to Dox Hamber is Not Acceptable)	
FT. LAUDERDALE FL 33308				83			
l				-	-		
			[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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
1000 / Clark							
SIGNATURE .	Signature, typed or printed name of registered agent and title if applice		egistered A	Agent s	signature re	Pulired why Joinstiting! DATE	
12. OFFICERS AND DIRECTORS			13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 100	LE		Change Addition	
NAME	FARBER, JAME S -2220 N-ATLANTIC-BLVD · 6/50 N		1.2 NA	ME	1		
STREET ADDRESS		N 31 1810	1.3 STP	REET AL	DDRESS	·	
CITY-ST-ZIP	FT.LAUDERDALE FL		1.4 C(T)	Y-ST-	ZIP		
TITLE	STD	DELETE	2.1 TITI			Change Addition	
NAME	MOCKEL, WENDY		2.2 NA	ME			
STREET ADDRESS	2735 NE 14TH ST 7 FT. LAUDERDALE,F L		2.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-7IP		
TITLE	U	DELETE	3.1 111			Change Addition	
NAME !	CASCIO, SANTINO		3.2 NAN	ME	[
STREET ADDRESS	ROVION REACH EI		3.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP			3 4. CIT	CITY-ST-ZIP			
TITLE				4.1 TITLE		□ Change □ Addition □ □ □ □ □ 2 1 3 5 7 9 6 □ 0 -04/08/9701109004 ****297.50 *****297.50	
NAME .		ſ		4.2 NAME			
STREET POORESS			4.3 STREET ADDRE		DDRESS		
CITY-ST-ZIP			4.4 CIT	4.4 CITY+ST-ZIP			
TITLE		DELETE	5.1 TITL			Change Addition	
NAME			52 NAM	ΜE		· -	
STREET ADDRESS			5.3 STR	EET AC	DDRESS		
CITY-ST-ZIP			5.4 CITY	Y-ST-	ZIP		
TITLE		DELETE	6.1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAN	ΛE	- 1		
STREET ADDRESS			6.3 STR	EET AD	DDRESS	Mallell an	
CITY-ST-ZIP			6.4 CITY	Y-ST-2	ZIP	JD4-4-9 1	
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 I							
appears in Block 12 or Blook 3 if changed, or on an attachment with an address.							