FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I	1ENT # 704323	(5)				
NATION	al parkinson foundati	ON, INC.				
Principal Place of	of Business	Mailing Address			i ideiti iffilt datit Bibad titta niens	itii filbie fifii dibii pipii dian dian cien ian.
1501 N.W. 9TH AVENUE MIAMI FL 33136		1501 N.W. 9TH AVENUE MIAMI FL 33136				
US		U\$			3. Date Incorporated or Qualified 07/24/1962	3a. Date of Last Report 01/27/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0968031	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	Fee Required
22		City & State			6. Election Campaign Financing	\$5.00 May Be
City & State		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes L. 10. Name and Address of New Re	
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and President	
SLEWETT, NATHAN 1501 N.W. 9TH AVENUE MIAMI FL 33136				82 Street Address (P.O. Box Number is Not Acceptable) 83		
			82			
			83			
MIAMI FL	. 33130		84	City		85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the about				L	the state of the s	FL 60 2.5 coast
				named corpor loration's boal	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of cital igning its registered agent. I am
familiar wit	ed agent, or bottl, in the state of hon th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes				
SIGNATURE	Signature, typed or printed name of registered agen	r and trile it applicable (NO	TE: Registered Age	nt signature require	d when reinstating!	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	CD		1 1 TITLE			Change Addition !
NAME	SLEWETT, NATHAN		1.2 NAME			
STREET ADDRESS	1501 N.W. 9TH AVENUE	1501 M.W. SIN MACHOC		T ADORESS		ļ
CITY-ST-ZIP	MIAMI FL 33136	MIAMI FL 33130		ST-ZIP		Change Addition
TITLE	VU		2.2 NAME			
NAME	ZEMEL, HERBERT C. 1501 N.W. 9TH AVENUE			T ADDRESS		
STREET ADDRESS CHTY-ST-ZIP	1501 N.W. STH AVENUE		2 4 CHY	-ST-ZIP		
TITLE	PD PD	□ DELETE	31 TITLE			Change Addition
NAME	KRAVITZ, HAROLD		3.2 NAME			
STREET ADDRESS	1501 N.W. 9TH AVENUE	***		T ADDRESS		
CITY - ST - ZIP	MIAMI FL 33136	DELETE	3 4. CITY 4 1 TITLE			Change Addition
TITLE	ASC	Phereic	4.2 NAM	1		
NAME	MUKIUN, BRIAN			ET ADDRESS		
STREET ADDRESS	1	D ₁₁ AF 1.100	4.4 City · ST - ZIP		4000018	23534
TITLE	MIAMI FL 33172	DELETE	51 TITLE		<u>4000018;</u> -05/15/9601	1410 H Change Addition
NAME	GELB, MARTIN		5 2 NAM	E	***70.00	
STREET ADDRESS	1501 N.W. 9TH AVENUE			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136	C April ETC	5 4 CITY 6 1 TITUE			Change Addition
TITLE	SU		6.2 NAM			- · · · · · · · · · · · · · · · · · · ·
NAME	SLEWETT, ROBERT S		1	ET ADDRESS		35.15
STREET ADDRESS			6 A City	CT 7ID		<u></u>
CITY-ST-ZIP	MIAMI FL 33136	d with this filing is voluntarily fur	nished and de	oes not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further same legal effect as if made under

Too nereby certify that the information supplied with this hilling is voluntarily jurnation and opes not qualify for the exemption stated in Section 13.07(a)(a), notice statutes. In this certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my spirature 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 attackment with an address. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🚄

5/01/96 (305) 547-6666