

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 # 710522 (4)

1. Corporation Name

BROMELIAD SOCIETY OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

% FAIRCHILD TROPICAL GARDEN  
10901 OLD CUTLER RD.  
MIAMI FL 33156-4296

11000 S.W. 77 CT. CIRCLE  
MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/15/1966		03/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1891192		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

DE LEON, NAT  
11000 S.W. 77 CT. CIR.  
MIAMI FL 33156

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 state if applicable:

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORRIGAN, JR. J	
STREET ADDRESS	6230 SW 49TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHRENKER, JAMES	
STREET ADDRESS	9937 SW 194 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENT, MARTHA	
STREET ADDRESS	7640 SW 60TH AVE	
CITY-ST-ZIP	SO MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAYSON, BOB	
STREET ADDRESS	9045 BAY DR.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LESSER, MILTON	
STREET ADDRESS	1800 DAYTONIA DR.	
CITY-ST-ZIP	MIAMI BCH. FL 33141	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, SIDNEY	
STREET ADDRESS	117305 W. 72 AVE.	
CITY-ST-ZIP	MIAMI FL 33156-4616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT E. MILLS	
1.3 STREET ADDRESS	9755 S.W. 138 ST.	
1.4 CITY-ST-ZIP	MIAMI FL. 33176	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIDNEY SILVERMAN	
2.3 STREET ADDRESS	117305 W. 72 AVE	
2.4 CITY-ST-ZIP	MIAMI FL. 33156-4616	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOYNA PRINCE	
3.3 STREET ADDRESS	11220 S.W. 107 COURT	
3.4 CITY-ST-ZIP	MIAMI FL. 33176	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK ISSENBERG	
4.3 STREET ADDRESS	7780 S.W. 118 STREET	
4.4 CITY-ST-ZIP	MIAMI FL. 33156	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PENIEL ROMANELLI	
5.3 STREET ADDRESS	2827 S.W. 2 ST.	
5.4 CITY-ST-ZIP	MIAMI FL. 33135	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 305-235-3036

Date

Daytime Phone #

CR2E037 (12/95)