

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1997 8:00am  
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |  |                                                                  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                               |  |
| DOCUMENT # 712260 (9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                   |                                                                  |                                                                                                                                                  |  |
| 1. Corporation Name<br>HOLLYWOOD FIRE FIGHTERS LOCAL NO. 1375, I.A.F.F., INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                   |                                                                  |                                                                                                                                                  |  |
| Principal Place of Business<br>310 SOUTH 62ND AVE<br>HOLLYWOOD FL 33023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                   | Mailing Address<br>310 SOUTH 62ND AVE<br>HOLLYWOOD FL 33023-1327 |                                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | 2a. Mailing Address                                                               |                                                                  | 3. Date Incorporated or Qualified<br>02/15/1967                                                                                                  |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | 26                                                                                |                                                                  | 3a. Date of Last Report<br>03/05/1996                                                                                                            |  |
| 22 Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | 27 Suite, Apt. #, etc.                                                            |                                                                  | 4. FEI Number<br>59-6177386                                                                                                                      |  |
| 23 City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | 28 City & State                                                                   |                                                                  | Applied For<br>Not Applicable                                                                                                                    |  |
| 24 Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | 29 Zip                                                                            |                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                         |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | Country                                                                           |                                                                  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                   |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | 30                                                                                |                                                                  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>CHARD, RUSSELL<br>310 SOUTH 62ND AVENUE<br>HOLLYWOOD FL 33023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                   | 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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                   |                                                                  |                                                                                                                                                  |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12            |                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD                 | <input type="checkbox"/> DELETE                                                   | 1.1 TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ANDERSON, DON      |                                                                                   | 1.2 NAME                                                         |                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 310 S G2 AVE.      |                                                                                   | 1.3 STREET ADDRESS                                               |                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOLLYWOOD FL 33023 |                                                                                   | 1.4 CITY-ST-ZIP                                                  |                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD                 | <input type="checkbox"/> DELETE                                                   | 2.1 TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BARBERA, CHARLES   |                                                                                   | 2.2 NAME                                                         |                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4582 S.W. 35TH AVE |                                                                                   | 2.3 STREET ADDRESS                                               |                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FT. LAUDERDALE FL  |                                                                                   | 2.4 CITY-ST-ZIP                                                  |                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD                 | <input type="checkbox"/> DELETE                                                   | 3.1 TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHARD, RUSSELL     |                                                                                   | 3.2 NAME                                                         |                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1017 N 13 TERR     |                                                                                   | 3.3 STREET ADDRESS                                               |                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOLLYWOOD FL       |                                                                                   | 3.4 CITY-ST-ZIP                                                  |                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD                | <input type="checkbox"/> DELETE                                                   | 4.1 TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JOHNSON, JOHN      |                                                                                   | 4.2 NAME                                                         |                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 310 S G2 AVE       |                                                                                   | 4.3 STREET ADDRESS                                               |                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOLLYWOOD FL 33023 |                                                                                   | 4.4 CITY-ST-ZIP                                                  |                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <input type="checkbox"/> DELETE                                                   | 5.1 TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                   | 5.2 NAME                                                         |                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                   | 5.3 STREET ADDRESS                                               |                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                   | 5.4 CITY-ST-ZIP                                                  |                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <input type="checkbox"/> DELETE                                                   | 6.1 TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                   | 6.2 NAME                                                         |                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                   | 6.3 STREET ADDRESS                                               |                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                   | 6.4 CITY-ST-ZIP                                                  |                                                                                                                                                  |  |
| 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: <u>Donald L. Anderson</u> 2/15/97 954 961-9206<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023602                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                   |                                                                  |                                                                                                                                                  |  |



CR2E037 (9/96)