

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 # 713308 (5)

1. Corporation Name

THE MIAMI CHAPTER OF THE AMERICAN SOCIETY OF CLU  
AND CHFC, INC.



Principal Place of Business

Mailing Address

300 S PINE ISLAND ROAD STE 250  
PLANTATION FL 33324

300 S PINE ISLAND ROAD STE 250  
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/07/1967

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 9715 W. Broward Blvd.

26 9715 W. Broward Blvd.

4. FEI Number

23-7227037

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #126

27 126

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Plantation, FL

28 Plantation, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUTERSE, JAMES A  
1506 NE 162 ST  
N MIAMI BCH FL 33162

81 Name

82 Street Address (P.O. Box Not Permitted) 600001812446

83 -05/07/96--01172--008

84 City \*\*\*61.25

85 Zip Code

FL

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	RICE, STEPHEN T	255 ALHAMBRA CIR S325	CORAL GABLES FL	<input checked="" type="checkbox"/>
VD	SIEGEL, ELLEN	8401 NW 53 TER S202	MIAMI FL	<input checked="" type="checkbox"/>
STD	BOUTERSE, JAMES A	1506 NE 162 ST	N MIAMI BCH FL	<input checked="" type="checkbox"/>
PD	KASOW, ANDREW M	8603 S. DIXIE HWY., #401	MIAMI FL	<input checked="" type="checkbox"/>
D	BROOKS, STEVEN D	8270 SW 79 PL	MIAMI FL	<input checked="" type="checkbox"/>
D	KITCOFF, DAVID	11035 SW 148 CT	MIAMI FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	PAGE, IAN	9100 S. Dadeland Blvd., Ste 1603	Miami, FL 33156	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	1st VICE PRES.	Larry Collins	7600 W. 20th Ave., Ste. 109	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	2nd VICE PRES.	Hildebrand, FI	33016-5513	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Vice Pres	4700 N. State Rd. 7	Ft. Lauderdale, FL 33319	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Tanya Pages	12513 S. W. 8th St., Ste 416	Miami, FL 33186	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	DAVID A. MARLEY, SR	6161 Blue Lagoon Dr. #300	Miami, FL 33126	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAUL SOWE	6161 Blue Lagoon Dr. #300	Miami, FL 33126	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

905-823-0112  
Daytime Phone #

CR2E037 (12/95)