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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713308** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

9715 W. BROWARD BLVD.
#126
PLANTATION FL 33324

9715 W. BROWARD BLVD.
#126
PLANTATION FL 33324

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/07/1967

4. FEI Number

23-7227037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

RICE, EUGENE
4700 N STATE RD 7
#119
FORT LAUDERDALE FL 33319

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 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	P/D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, MARC	
STREET ADDRESS	9100 S. DADELAND BLVD., STE 1603	
CITY-ST-ZIP	MIAMI FL 33156	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Woolf, Richard
1.3 STREET ADDRESS	9190 S. Dadeland Blvd. #1600
1.4 CITY-ST-ZIP	Miami, FL 33156

TITLE	1VPD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, LARRY	
STREET ADDRESS	7600 W. 20TH AVE., STE 109	
CITY-ST-ZIP	MIAMI FL 33016-5513	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Goldstein, Howard
2.3 STREET ADDRESS	1555 Alcala Ave.
2.4 CITY-ST-ZIP	Coral Gables, FL 33134

TITLE	D/V	<input checked="" type="checkbox"/> DELETE
NAME	RICE, GENE	
STREET ADDRESS	4700 N. STATE RD. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Rice, Gene
3.3 STREET ADDRESS	4700 N. State Rd. 7
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33319

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGES, TANYA	
STREET ADDRESS	12515 SW 88TH ST., STE 416	
CITY-ST-ZIP	MIAMI FL 33186	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Collins, Larry
4.3 STREET ADDRESS	7600 W. 20th Ave, #109
4.4 CITY-ST-ZIP	Miami, FL 33016-5513

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARLEY, DAVID A.	
STREET ADDRESS	6181 BLUE LAGOON DR., #300	
CITY-ST-ZIP	MIAMI FL 33126	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Pages, Tanya
5.3 STREET ADDRESS	12515 S.W. 88th St. #416
5.4 CITY-ST-ZIP	Miami, FL 33186

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOULE, PAUL	
STREET ADDRESS	6161 BLUE LAGOON DR., #300	
CITY-ST-ZIP	MIAMI FL 33126	

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 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:

3/10/98

954-472-5722

CR2E037 (10/97)