

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 # 715144 (2)

1. Corporation Name

SOUTH FLORIDA F. M. ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 430025  
MIAMI FL 33243-0025

Mailing Address

P.O. BOX 430025  
MIAMI FL 33243-0025



3. Date Incorporated or Qualified  
08/22/1968

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
23-7389714

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State

27  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23  
Zip Country

28  
Zip Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name RON BREE

82

Street Address (P.O. Box Number is Not Acceptable)  
11113 SW 154 PL

83

84

City MIAMI

FL

85

Zip Code 33196

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

RON BREE Ron Bree Treasurer

2/12/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD  
NAME HARTE, SAMUEL  
STREET ADDRESS 7251 SW 129 ST.  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME GHWICK, JOE  
STREET ADDRESS 9310 SW 164 ST  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME BUTZIRUS, DAN  
STREET ADDRESS 18815 N.W. 62 AVE  
CITY-ST-ZIP HIALEAH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  
NAME ROTH, JAN  
STREET ADDRESS 5025 SW 65 AVE  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME BECKER, MELVIN L.  
STREET ADDRESS 6540 SW 135TH DR.  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME DEMBY, BEN C. JR.  
STREET ADDRESS 11110 BIRD ROAD  
CITY-ST-ZIP MIAMI FL

6.1 TITLE  
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 if changed, or on an attachment with an address.

SIGNATURE:

RON BREE Ron Bree Treasurer

2/12/96

305-477-9246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)