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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90196 019 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715144**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**08/22/1968**

4. FEI Number

**23-7389714**

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

9. Name and Address of Current Registered Agent

**POWERS, SCOTT  
31140 SW 188TH AVE  
HOMESTEAD FL 33030**

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

*Scott Powers* **Scott Powers Treasurer**

**4/12/99**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

TITLE ☒ DELETE  
NAME **V CHWICK, JOE**  
STREET ADDRESS **9310 SW 164 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **S ABRAMS, GEORGE**  
STREET ADDRESS **313 SW 32ND AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **T POWERS, SCOTT**  
STREET ADDRESS **31140 SW 188TH AVE**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE ☐ DELETE  
NAME **D VAHAN, RICHARD**  
STREET ADDRESS **10165 SW 103RD AVE**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD Swift, JASON**  
1.3 STREET ADDRESS **6791 S.W. 63rd Ave.**  
1.4 CITY-ST-ZIP **MIAMI, FL. 33143**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V Ciereszko, Lee**  
2.3 STREET ADDRESS **7550 S.W. 61st St.**  
2.4 CITY-ST-ZIP **MIAMI, FL. 33143**

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

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **D Vergara, Hector**  
5.3 STREET ADDRESS **7500 S.W. 112th St.**  
5.4 CITY-ST-ZIP **MIAMI, FL. 33156**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Scott Powers* **Scott Powers Treasurer**

**4/12/99**

**305-247-9119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98

0035420