

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716396 (7)

1. Corporation Name

NORTH BAY VILLAGE LIONS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
JACK SAIFMAN 750 NE 199 ST N MIAMI BCH FL 33179 US		JACK SAIFMAN 750 NE 199 ST N MIAMI BCH FL 33179 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1969	04/26/1994
4. FEI Number	Applied For
28-7017836	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAIFMAN, JACK
750 NE 199 ST
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name Milton Shapiro
82 Street Address (P.O. Box Number is Not Acceptable) 20301 W. Country Club Drive #2029
83
84 City Aventura FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0502 Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/13/95

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SIMON, SAMUEL
STREET ADDRESS	7528 BUCCANEER AVE.
CITY-ST-ZIP	N. BAY VILLAGE FL
TITLE	PD
NAME	KASDIN, PHILIP
STREET ADDRESS	7521 BOUNTY AVE
CITY-ST-ZIP	N. BAY VILLAGE FL
TITLE	TD
NAME	SAIFMAN, JACK
STREET ADDRESS	750 NE 199 ST
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 000001464740
1.2 NAME -04/26/95--01019--016
1.3 STREET ADDRESS *****61.25 *****61.25
1.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
3.2 NAME TD
3.3 STREET ADDRESS Shapiro, Milton
3.4 CITY-ST-ZIP 20301 W. Country Club Drive #2029
Aventura, FL 33180

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
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 110.07(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 previously filed annual reports with an address.

SIGNATURE: *[Signature]* DATE: 4/13/95 (305) 935-6653

Milton Shapiro, Treas