

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 # 716396 (7)  
1. Corporation Name

North Bay Village Lions Foundation, Inc.

Principal Place of Business Mailing Address  
% Milton Shapiro  
20301 W. Country Club Drive #2029  
Aventura, FL 33180 Same

3. Date Incorporated or Qualified	3a. Date of Last Report
4/18/69	4/14/95
4. FEI Number	Applied For Not Applicable
28-7017836	
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"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

Milton Shapiro  
20301 W. Country Club Drive #2029  
Aventura, FL 33180

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

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	PD	11 TITLE	
NAME	Kasdin, Philip	12 NAME	
STREET ADDRESS	7521 Bounty Ave.	13 STREET ADDRESS	
CITY-ST-ZIP	North Bay Village, FL 33141	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	
NAME	B Simon, Samuel	22 NAME	
STREET ADDRESS	7528 Buccaneer Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	North Bay Village, FL 33141	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	
NAME	Shapiro, Milton	32 NAME	
STREET ADDRESS	20301 W. Country Club Drive	33 STREET ADDRESS	
CITY-ST-ZIP	Aventura, FL 33180	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton Shapiro, Treasurer

4/12/96 (305) 935-6653

Date

Daytime Phone

CR2E037 (12/95)