FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**1. Corporation Name

717360

LINIVERSITY OF MIAMI FRIENDS OF PHYSICS INCORPOR

ATED											
Principal Plac	e of Business	Mailing A	Mailing Address				1	L CANNET HENDEL GEREIN GANDER FILLEN ERFEIT BREIT ALBEIT AND	it Minte di	IBID BIBIO 1881	
1046 ALFONSO CORAL GABLES			1046 ALFONSO AVE CORAL GABLES FL 33146			L	Date Incorporated or Qualified 10/16/1969 FEI Number				
1							"	59-1731554		pplied For ot Applicable	
2. Principal P	lace of Business	2a. Mallin	Address				† <u> </u>			Additional	
21		26	26				5.	- Certificate of Status Desired		equired	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be				
22		27	City & State				 _		Added to		
City & Stat	в	<u> </u>	26				7 .	Is this nonprofit corporation a homeowners as		m?	
Zip	Country	Zip		Cour	ntry		8.	This corporation owes or has paid the current		tensible	
24	26	29		30	•		-	Personal Property Tax due June 30.		No	
	9. Name and Address of Curr	ent Registered A	gent				10.	Name and Address of New Registered Age	nt		
					81	Name					
HIRSCHBERG, JOSEPH G					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
1046 ALFONSO AVE.				į.	83						
CORAL											
				1	84	City		FI ⁸	5 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1506	. Florida Statu	ites, the ab	OVE-	-named corpo	ratio		inging i	ts registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida, Suc	n change was	authorized lorida Stati	l by	the corporation	n's I	on submits this statement for the purpose of cha board of directors. I hereby accept the appoint	nent as	registered	
SIGNATURE			,, , , , , , , , , , , , , , , , , , , ,								
	Signature, typed or printed name of registered		ole. (NO	TE Registered	Agen	t signature required					
12.	OFFICERS A	ND DIRECTORS	772	13.				ADDITIONS/CHANGES TO OFFICERS AND DIF			
TITLE	P		DELETE	1.1 1170		ļ		, LJ	Change	Addition	
NAME	BURCH, STEWART			1.2 NA							
STREET ADDRESS	1394 NW 192ND AVE PEMBROKE PINES FL					ADDRESS					
CITY-ST-ZIP	ST	·	DELETE	1.4 CIT 2.1 TITU		- ZIP			Change	☐ Addition	
NAME	HIRSCHBERG, JOSEPH G.	DR		2.2 NAJ		}		_			
STREET ADDRESS	1046 ALFONSO AVE					ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33146			2. 4 CIT	Y-ST	T-ZIP					
TITLE	D		DELETE	3.1 TITE	LE				Change	Addition	
NAME	LEU, WILBUR K			3.2 NAJ	ME						
STREET ADDRESS	4311 S.W. 16TH ST.			3.3 STR	REET A	ADDRESS				į	
CITY-ST-ZIP	MIAMI FL 33134		T Antierr	3.4. CIT		T-ZIP			Charre	Addistan	
TITLE	D MARIO ADTAILID		OELETE.	4.1 7(1)		ļ		L	Change	☐ Addition	
NAME STREET ADDRESS	DI MARIO, ARTHUR 12831 S.W. 115TH TERRAC	c		4.2 NA		ADORESS					
CITY-ST-21P	12831 5.W. 115111 1ERPAU MIAMI FL 33188	E		4.4 CIT							
TITLE	D		DELETE	5.1 TITL		24			Change	Addition	
NAME	WELLINGTON, JAMES W			5.2 NAJ		1			-		
STREET ADDRESS	212 PHOENETIA AVE., NO	4		5.3 STR	REET A	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL 33134			5.4 CIT	Y-ST-	- ZIP					
TITLE	D		DELETE	6.1 TITE	LE				Change	Addition	
NAME	BYRNE, JAMES D.			6.2 NA	ME	ļ				ĺ	
STREET ADDRESS	851 BLUERIDGE WAY			6.3 STR	EET A	ADDRESS					

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 emosured 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 or an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

DAVIE FL

CITY-ST-ZIP

FILED

Apr 15 1998 8:00am

Secretary of State