

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

**APPROVED
AND
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95 APR 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 718428 (6)

1. Corporation Name
PLANTATION ORCHID SOCIETY, INC.

Principal Place of Business Mailing Address

~~C/O LAWRENCE JOHNSON
2855 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065~~ **5701 PINE ISL. RD** C/O LAWRENCE JOHNSON
~~2855 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065~~ **5701 PINE ISLAND RD**
TAMARAC, FL 33321 TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1970** 3a. Date of Last Report **02/09/1994**

4. FEI Number **59-2310692** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**JOHNSON, LAWRENCE
2855 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5701 N PINE ISLAND ROAD

83

84 City **TAMARAC** FL 85 Zip Code **33321**

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 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 607.0505, Florida Statutes.

SIGNATURE  DATE **4/4/95**

12. OFFICERS AND DIRECTORS

TITLE ~~TREASURER~~ **TRUSTEE**

NAME **HANZIMANOLIS, GEORGE**

STREET ADDRESS **4221 NW 75TH TERRACE**

CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ~~TRUSTEE~~ **TRUSTEE**

NAME **MILLER, GAIL**

STREET ADDRESS **6740 SW 189TH AVENUE**

CITY-ST-ZIP **FT. LAUDERDALE FL 33331-2018**

TITLE **TRUSTEE**

NAME **STRAIT, ROBERT**

STREET ADDRESS **3331 SW 18TH STREET**

CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **TRUSTEE**

NAME **JOHNSON, LARRY**

STREET ADDRESS **2855 UNIVERSITY DRIVE**

CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ~~R. V. PRESIDENT~~ **CHARLES MILLER**

NAME ~~STRONG, DAVID~~

STREET ADDRESS ~~5100 SW 20TH STREET~~ **6740 SW 189 AVENUE**

CITY-ST-ZIP ~~PLANTATION FL 33327~~ **FT. LAUDERDALE FL 33321**

TITLE **PRESIDENT**

NAME **MARTA CONDE**

STREET ADDRESS **4221 NW 75TH TERR**

CITY-ST-ZIP **LAUDERHILL FL 33319**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** Change Addition

1.2 NAME **JOHN E. JAMESON**

1.3 STREET ADDRESS **107 BRYAN BLVD**

1.4 CITY-ST-ZIP **PLANTATION, FL 33317**

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

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

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 or on an attachment with an address.

SIGNATURE:  DATE **4/18/95** (305) 5836328

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
JOHN E. JAMESON