

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 # 718629 (9)

1. Corporation Name

WILLIAM GROGAN SCHOLARSHIP FUND, INC.



Principal Place of Business

Mailing Address

2600 DOUGLAS ROAD
STE. 911
CORAL GABLES FL 33134

2600 DOUGLAS ROAD
STE. 911
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
06/04/1970

3a. Date of Last Report
12/30/1995

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

4. FEI Number
23-7242568

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFIELD, ALAN E
2600 DOUGLAS ROAD
STE. 911
CORAL GABLES FL 33134

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 LANGONE, GERALD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGONE, GERALD | 1.2 NAME | |
| STREET ADDRESS | 87-80 PARSONS BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JAMAICA NY | 1.4 CITY-ST-ZIP | |
| TITLE | SD GREENFIELD, ALAN E. <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENFIELD, ALAN E. | 2.2 NAME | |
| STREET ADDRESS | 2300 DOUGLAS ROAD, STE. 911 | 2.3 STREET ADDRESS | 2600 Douglas Rd ste 911 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 2.4 CITY-ST-ZIP | |
| TITLE | TD KIRrane, WILLIAM <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRrane, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | 358 HOLLYWOOD AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DOUGLSTON NY | 3.4 CITY-ST-ZIP | |
| TITLE | D TRENZ, RITA <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRENZ, RITA | 4.2 NAME | |
| STREET ADDRESS | 150 MERLE AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCEANSIDE NY | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Gerald Langone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 Date

718-291-0105 Daytime Phone #

CR2E037 (12/95)