FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 719099

(4)

LOCAL 32 HOLDING CORPORATION, INC.

200/12	or riordina doin other	1011, 1110.					
Principal Place	Mailing Address	Address			. 8   1   1   1   1   1   1   1   1   1		
20375 NE 15TH COURT 20375 NE 15TH CO NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH							
					<ol> <li>Date Incorporated or Qualified 03/03/1970</li> </ol>	3a. Date of Last Report 02/13/1995	
2. Principa! Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-2131186	Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc	<b>_</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Ζp	7 <b></b>		8. This corporation has liability for intangible tax under s. 199.032,		
24	25   29   9. Name and Address of Current Registered Agent		30	0 Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	5, Name and Address of Carr	ont negratered Agent		11 Name	TO. Name and Address of New He	gistered Agent	
STEWAR	T, LARRY		-				
7891 NW 12 ST				Street A	et Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33024			E	13			
			5	I4 City		<b>85</b> Zip Code	
				' '		FL!"  "	
or register familiar wit	o the provisions of Sections 617.051 ed agent, or both, in the State of Floh, and accept the obligations of, Se	rida. Such change was authorzi	ed by the co	rporation's b	poration submits this statement for the purp oard of directors. Thereby accept the appoi	ose of changing its registered office ntment as registered agent. I am	
SIGNATURE _	Signature, typed or printed name of registeroid ag-	ertand blie darplease (NO	IE Registered A		Oked when reinstahing!	9113116	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
THILE	PD DELETE		1 1 TITL	E [		Change Addition	
NAME	STEWART, LARRY		1.2 NAME				
STREET ADDRESS	7891 NW 12TH STRET PEMBROKE PINES FL		1.3 STREET ADDRESS				
CITY-SI-ZIF TIFLE	STD MESTE			-ST-ZIP	<u> </u>	A LINE	
NAME	SUCCI, LARRY	Motreir	2.1 TITLE 2.2 NAME		Paul Ciordano	Addition Addition	
STREET ADDRESS	18460 NE 22ND AVE			EFT ADDRESS	IMIO BRY BETTY D	rive	
CITY-ST-ZIP	N MIAMI BCH FL			r-ST-ZIP	Pembo Re Pines	Fh.	
TITLE	VPD	DELETE	31 TITLE		Vice Pres. Direct	Change 🕅 Addition	
NAME	TUCKER, STEVEN M	•	3 2 NAV	15	William Wooten	, 🙀	
STREET ADDRESS	6105 NW 45 TERRACE		3 3 \$TRI	EET ADDRESS	12805 NW 16th	Aue	
CITY-ST-ZIP	COCONUT CREEK FL		3 4 CIT	r-ST-ZIP	Miumi FL.		
TITLE	D MONICAL B B	<b>™</b> DELETE	41 TITL		Director	Change 🔀 Addition	
NAME	Monical, B. B 8813 S Bermuda Dr		4 2 NAM		John Cravey in T		
STREET ADDRESS	MIRAMAR FL			EET ADDRESS	Sunrise FL.		
CITY ST-ZIP TITLE	D E E	DELETE	4 4 CITY 5 1 TITL	· ST · ZIP	Sec, Tres. Director	Change Addition	
NAME	STATLER, SCOTT		5 2 NAM		Scott Statter 6741 Swarth Ct	Muditions Additions	
STREET ADDRESS	6741 S W 27TH COURT			EET ADORESS	ETHI SW ATT CH	~.	
CITY - ST - ZIP	MIRMAR FL			- ST - ZIP	Wiruman FL.		
TITLE		DELETE	6 1 TITE			Change Addition	
NAME			6 2 NAM	E			
STREET ADDRESS			6 3 STR	ET ADDRESS			
CHTY - ST - ZIP			6 4 CITY	-ST-ZIP			
certify that	The information indicated on this an	oual report or supplemental appl	ual recort is:	truo and acci	y for the exemption stated in Section 119.0 urate and that my signature shall have the s	amo logal offort on if made under	
oatn; that	l am an officer or director of the corp Block 12 or Block 13 if changed, o	poration or the receiver or truster	e empowere	d to execute	this report as required by Chapter 617, Flor	ida Statutes; and that my name	

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR

12 96 305 651-5971

Daytime Phone #

CR2E037 (12