

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719112** (5)
1. Corporation Name

THE PHYSICALLY HANDICAPPED INCORPORATED

Principal Place of Business 12633 SW 4 COURT DAVIE FL 33325-3401	Mailing Address 12633 SW 4 COURT DAVIE FL 33325-3401
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3. Date Incorporated or Qualified

03/06/1970

4. FEI Number

23-7410313

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRYE, NORMAN W.
12633 SW 4 COURT
DAVIE FL 33325-3401**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 **NORMAN W. FRYE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-24-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLSON, WALTER	
STREET ADDRESS	5722 NW 85 TERRACE	
CITY - ST - ZIP	TAMARAC FL 33321-4426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GODDARD, STELLA	
STREET ADDRESS	2357 SW 83RD TERRACE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33324-5345	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, DOROTHY	
STREET ADDRESS	1008 SW 22ND STREET	
CITY - ST - ZIP	FT LAUDERDALE FL 33315-2427	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FRYE, NORMAN	
STREET ADDRESS	12633 SW 4TH CT.	
CITY - ST - ZIP	DAVIE FL	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	ALVES, TOLEDO,	
STREET ADDRESS	1201 NW 11 COURT	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWARD MINKIN	
3.3 STREET ADDRESS	9901 NW 71 STREET	
3.4 CITY - ST - ZIP	TAMARAC, FL 33321	
4.1 TITLE	SECY-TREA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NORMAN FRYE	
4.3 STREET ADDRESS	12633 SW 4 COURT	
4.4 CITY - ST - ZIP	DAVIE, FL 33325-3401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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.

CF2E037 (10/97)