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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719112

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

94267 - 90056 - 25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

03/06/1970

4. FEI Number

23-7410313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, to 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

1-8-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OLSON, WALTER
STREET ADDRESS 5722 NW 85 TERRACE
CITY-ST-ZIP TAMARAC FL 33321-4426

☒ DELETE

TITLE VD
NAME GODDARD, STELLA
STREET ADDRESS 2357 SW 83RD TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33324-5345

☐ DELETE

TITLE D
NAME MINKIN, EDWARD
STREET ADDRESS 9901 NW 71ST STREET
CITY-ST-ZIP TAMARAC FL 33321

☒ DELETE

TITLE ST
NAME FRYE, NORMAN
STREET ADDRESS 12633 SW 4TH CT.
CITY-ST-ZIP DAVIE FL 33325

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME EDWARD MINKIN
1.3 STREET ADDRESS 9901 NW 71st Street
1.4 CITY-ST-ZIP TAMARAC, FL 33321

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE D
3.2 NAME OLSEN, WALTER
3.3 STREET ADDRESS 5722 NW 85 Terrace
3.4 CITY-ST-ZIP Tamarac, FL 33321-4426

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

NORMAN FRYE

1-8-99

Date

954-472-8876

Daytime Phone #

CR2E037 (11/98)