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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719701 (5)

1. Corporation Name

SOKOL MIAMI, EDUCATIONAL AND PHYSICAL CULTURE OR
GANIZATION, INCORPORATED

Principal Place of Business

Mailing Address

13325 ARCH CREEK RD
N. MIAMI FL 33161
US1225 NE 124TH ST.
N. MIAMI FL 33161-59313. Date Incorporated or Qualified
11/17/19703a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip 33181

Country

28 Zip

Country

4. FEI Number

59-6507340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

RUZICKA, EMILIE
1225 NE 124TH ST., APT. 20
NO MIAMI FL 33161

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 P ☐ DELETE
NAME RUZICKA, EMILIE M.
STREET ADDRESS 1225 NE 124TH ST APT 20
CITY - ST - ZIP N. MIAMI FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Apt. 20C
1.4 CITY - ST - ZIPTITLE S ☐ DELETE
NAME ZRALY, BLANCHE
STREET ADDRESS 532 BRIARWOOD
CITY - ST - ZIP HOLLYWOOD FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME STURDIK, LILLIAN B
STREET ADDRESS 2036 SHARON ST
CITY - ST - ZIP BOCA RATON FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE VD ☒ DELETE
NAME URBAN, MILDRED
STREET ADDRESS 1350 N.E. 191ST ST. #307B
CITY - ST - ZIP N. MIAMI BEACH FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME JOHN HERTL
4.3 STREET ADDRESS 1629 W. 62nd ST.
4.4 CITY - ST - ZIP HIALEAH, FL 33012TITLE T ☒ DELETE
NAME URBAN, MILDRED
STREET ADDRESS 1350 N.E. 191 ST., #307B
CITY - ST - ZIP NO. MIAMI BEACH FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME TITKA THOMPSON
5.3 STREET ADDRESS 1401 N.E. 191 ST. #201
5.4 CITY - ST - ZIP NO. MIAMI BEACH, FL 33179TITLE D ☐ DELETE
NAME SZITA, BLANCH
STREET ADDRESS 20100 W. COUNTRY CLUB DR. #204
CITY - ST - ZIP AVENTURA FL6.1 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 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.

SIGNATURE: LILLIAN B. STURDIK *Lillian B. Sturdik*

JAN. 28, 1997 (561) 368-7547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 604-1768

CR2E037 (9/96)