FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

CITY-ST-ZIP

719803

SHEETMETAL WORKERS LOCAL UNION NO. 32 APPRENTICE

Shir and training frogram and training fund, inc									
Principal Place of Business Malling Address							† 100134 1980f 14830 48101 10111 09400 1111 04 101		6 11 8 1811 1881
20401 N.E. 15TH CT. N. MIAMI BEACH FL 33179			20401 N.E. 15TH CT. N. MIAMI BEACH FL 33179				3. Date Incorporated or Qualified		
							12/04/1970		
							4. FEI Number	A	pplied For
							59-1366225	N	ot Applicable
	Place of Business	24	2a. Mailing Address				5. Certificate of Status Desired	\$8.75	Additional
21		26	26				5. Certificate of Status Desired	Fee R	equired
 Suite, Apt 	Suite, Apt. #, etc.	lte, Apt. #, etc.			6. Election Campaign Financing	\$5.00			
22		27					Trust Fund Contribution Added to Fees		
City & Sta	ite	City & State	Unity & State			7. Is this nonprofit corporation a homeowners association? — Yes No			
23	Country	[28]	Zip Country						
Zip 24			29 30		Ozmay		 This corporation owes or has paid the Personal Property Tax due June 30. 		tangibie ☑ No
24	stered Agent	30			10. Name and Address of New Registered Agent				
					81	Name			
WOOTE	EM WHITAM D			l.	82	C11 A	dd-co (D.O. Day Number la Not Apportable)		
WOOTTEN, WILLIAM R 12805 N.W. 16 AVE.				['	62	Street A	treet Address (P.O. Box Number Is Not Acceptable)		
NORTH MIAMI FL 33167				1	83				
"	1110-2111 1 E 00 101			l-	84	City		. 85 Zip	Code
					·	-	F		
11. Pursuani	to the provisions of Section	s 617.0502 and	317.1508, Florida Stat	utes, the ab	ove	-named o	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	e of changing	its registered
agent. I	am familiar with, and accep	the obligations of	d, Section 617.0503, i	Florida Statu	ites	ine corpo	oration's ocard or directors. Friendly accept the	арронилия а	i legistered
SIGNATURE									
	Signature, typed or printed name of	•		OTE: Registered	Ager	nt signature r	equired when reinetating) DAT ADDITIONS/CHANGES TO OFFICERS A		OC IN 10
12.		ICERS AND DIRE	DELETE	1.1 TIT	ı E	Т	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	CD NACHOLICALI MAGILE	-v	_ occur	1.2 NA		ł			
STREET ADDRESS	MCDOUGALL, HARLE 20375 NE 15 CT	: 1		1		ADDRESS			
	TY-ST-ZIP N MIAMI BCH FL 33179					T-ZIP			
TITLE	D D	1/8	DELETE	2.1 T/IT	_	1-20		Change	Addition
NAME	LEVY, DALE			22 NA	ME	- 1		_	
STREET ADDRESS		F		2.3 STF	REET	ADDRESS			
CITY-ST-ZIP	COOPER CITY FL	_		2.4 CI	TY-S	ST-ZIP			
TITLE	D		☐ DELETE	3.1 T/T				☐ Change	Addition
NAME	KEEN, JAMES			3.2 NA	ME	j			
STREET ADDRESS	14945 NW 25TH CT			3.3 STF	EET.	ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4. Cf	****	ST-ZIP			
TITLE	D		☐ DELETE	4.1 TIT		-		☐ Change	Addition Addition
NAME	HAROLD WOODS			4.2 NA		- 1			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			Change	Addition	
TITLE	D		ES DETELE	5.1 TITI			D	L CHAINGE	
NAME	WILLIAM MARVEL			5.2 NA			EDWARD BENNETT		
STREET ADDRESS						ADDRESS	6022 SW 39 ST.		
CITY-ST-ZIP TITLE	MIAMI FL		DELETE	5.4 CIT 6.1 TITI		1 - 2117	MIRAMAR, FL 33023	Change	Addition
NAME	D GENE SANDERS		E.B DELCTE	6.2 NA			MICHAEL DEONNA		Part 2 100711111
STREET ADDRESS	1					ADDRESS	1964 TIGERTAIL BLVD. BLDG	. 10	
OTHER PERMISSO	1 2500 11.17. 101 31.			0.001					

14. Thereby 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 of 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.

1-20-98 (305) 651-5971

FILED

Apr 15 1998 8:00am

Secretary of State

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