

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **723813**

(2)

1. Corporation Name

SOUTH FLORIDA SMACNA, INC.



Principal Place of Business

Mailing Address

**450 NO PARK RD
STE 800
HOLLYWOOD FL 33021
US**

**450 NO PARK RD
STE 800
HOLLYWOOD FL 33021
US**

3. Date Incorporated or Qualified

07/05/1972

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 81-7801

26 P.O. Box 81-7801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 Hollywood FL

28 Hollywood FL

24 33081 25 USA

29 33081 30 USA

4. FEI Number

23-7183531

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KEEN, JAMES W
450 NO PARK RD
STE 800
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

**81 Name PEGGY J. BLACK
82 Street Address (P.O. Box is Not Acceptable) 4611 W HAWTHORNE CIRCLE
83
84 City HOLLYWOOD FL 85 Zip Code 33021**

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 *Peggy J. Black* **PEGGY J. BLACK**

4/24/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MURPHY, WILLIAM H	
STREET ADDRESS	450 NO PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEEN, JAMES W	
STREET ADDRESS	450 NO PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	MARVEL, WILLIAM H	
STREET ADDRESS	450 NO PARK RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURPHY, WILLIAM H	
1.3 STREET ADDRESS	PO BOX 81-7801	N/A
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33081	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEEN, JAMES W.	
2.3 STREET ADDRESS	P.O. BOX 81-7801	N/A
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33081	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARVEL, WILLIAM H., SR.	
3.3 STREET ADDRESS	P.O. BOX 81-7801	N/A
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33081	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PEGGY J. BLACK	
4.3 STREET ADDRESS	4611 W HAWTHORNE CIRCLE	
4.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****\$1.25**

5/2/96
12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy J. Black
PEGGY J. BLACK

Date

954-961-0440

Daytime Phone #

CR2E037 (12/95)