

# 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 # 725334**

**(7)**

1. Corporation Name

**POST 682JWW HOLDING CORP.**

Principal Place of Business

Mailing Address

C/O RALPH LEVINE  
2880 NE 203 ST. APT.1  
MIAMI FL 33180

C/O RALPH LEVINE  
2880 NE 203 ST. APT.1  
MIAMI FL 33180



3. Date Incorporated or Qualified  
**01/11/1973**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0054164**

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

10. Name and Address of New Registered Agent

LEVINE, RALPH  
2880 NE 203RD ST.  
APT. 1  
MIAMI FL 33180

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

*Ralph Levine*

*Ralph Levine*

**3/18/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ALTER, JANICE  
STREET ADDRESS 17940 NE 19 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

☐ DELETE

TITLE TD  
NAME LEVINE, RALPH  
STREET ADDRESS 2880 NE 203 ST. 1  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD  
NAME WARMBRANDT, JUSTINE  
STREET ADDRESS 461 IVES DAIRY ROAD  
CITY-ST-ZIP NORTH MIAMI BEACH FL

☒ DELETE

TITLE SD  
NAME BERGEN, HERBERT  
STREET ADDRESS 750 SW 138 AVENUE PLYMOUTH, F0403  
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE PD  
NAME FERBER, EUGENE  
STREET ADDRESS 231-174 ST. #301  
CITY-ST-ZIP MIAMI BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ 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

*V.D. Howard Staple  
8901 S. Ocean Drive AM 36  
Hollywood, FL 33019*

*Herbert L. Bergen P.D.  
IRV Block  
1351 SW 141 Ave #415  
Pembroke Pines FL 33027*

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:

*Herbert L. Bergen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HERBERT L. BERGEN**

**3/18/96 (954) 436-1663**  
Daytime Phone #

CR2E037 (12/95)