

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 # 725683 (7)

1. Corporation Name
MARGATE FLORIDA LODGE, INC. NO. 2463



Principal Place of Business: 5451 NW 15TH ST MARGATE FL 33063-3719
Mailing Address: 5451 NW 15TH ST MARGATE FL 33063-3719

3. Date Incorporated or Qualified: 02/28/1973
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-1556118
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
**SZOCINSKI, JERRY
6298 NW 15TH ST.
MARGATE FL 33063**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Jerry Szocinski* + *Jerry Szocinski* 1/17/96
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	ER	<input type="checkbox"/> DELETE
NAME	WRYAN, WILLIAM J.	
STREET ADDRESS	6910 NW 17TH CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOUSTON, JOE	
STREET ADDRESS	6720 NW 20TH STREET	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CABRAL, EDWARD	
STREET ADDRESS	3431 NW 20TH ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CAMPOLA, ANTHONY	
STREET ADDRESS	5360 N.W. 29TH COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TULCHIN, HOWARD	
STREET ADDRESS	6432 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUNROE, CHARLES	
STREET ADDRESS	6760 SW 9TH PLACE	
CITY-ST-ZIP	N. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *Anthony Campola* 1-18-96 305 971 4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)