

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729522** (3)
1. Corporation Name
MAHI TEMPLE SOUTH FLORIDA FAIR ASS'N., INC.



Principal Place of Business		Mailing Address	
P O BOX 351087 P. O BOX 350868 MIAMI FL 33135-1087 US		P O BOX 351087 P. O BOX 350868 MIAMI FL 33135-1087 US	
2. Principal Place of Business	2a. Mailing Address		
21	28		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 04/26/1974	
4. FEI Number 59-1577568	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALEXANDER, ROBERT J. 1480 N.W. NORTH RIVER DRIVE MIAMI FL 33125		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLATON, RALPH D.	1.2 NAME	SIEGEL, ALVIN I.		
STREET ADDRESS	1271 MEADOWLARK AVE.	1.3 STREET ADDRESS	15335 SW 85 AVE		
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE	S	2.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT J.	2.2 NAME	ALEXANDER, ROBERT J.		
STREET ADDRESS	1480 N.W. NORTH RIVER DRIVE	2.3 STREET ADDRESS	1480 NW NORTH RIVER DRIVE		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33125		
TITLE	T	3.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCH, GEORGE	3.2 NAME	MITCH, GEORGE		
STREET ADDRESS	8905 SW 75TH STREET	3.3 STREET ADDRESS	8905 SW 75TH STREET		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33173		
TITLE	D	4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGEL, ALVIN I.	4.2 NAME	LYNN, RICHARD E.		
STREET ADDRESS	15335 S.W. 85TH AVE.	4.3 STREET ADDRESS	6250 SW 117 TERRACE		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33156		
TITLE	D	5.1 TITLE	D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN, RICHARD	5.2 NAME	SHURETTE, JOSEPH		
STREET ADDRESS	8250 S.W. 117TH TERRACE	5.3 STREET ADDRESS	2721 SW 117TH AVENUE		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	DAVIE, FL 33330		
TITLE	D	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHURETTE, JOSEPH	6.2 NAME	OLSEN, MILTON		
STREET ADDRESS	2721 S.W. 117TH AVE.	6.3 STREET ADDRESS	3924 NW 20TH AVENUE		
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309		

14. I 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: 

CR2E037 (10/97)