FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:16

DOCUMENT # 731769 (6)

1. Corporation Name
CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC

Principal Place of Business	Mailing Address
251 174TH STREET #1704 SUNNY ISLES FL 33160	251 174TH STREET #1704 SUNNY ISLES FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1975
3a. Date of Last Report: 02/21/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAMSON, DAVID
251 174TH STREET
#1704
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	WITT, BERNICE	1.2 NAME	
STREET ADDRESS	3601 NE 170 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMSON, DAVE	2.2 NAME	
STREET ADDRESS	251-174 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHECTMAN, IRVING	3.2 NAME	
STREET ADDRESS	250-174 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	FSD	4.1 TITLE	☐ Change ☐ Addition
NAME	BALSAM, MICKEY	4.2 NAME	
STREET ADDRESS	19370 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, MARVIN	5.2 NAME	
STREET ADDRESS	17560 ATLANTIC BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL	5.4 CITY-ST-ZIP	
TITLE	TP	6.1 TITLE	☐ Change ☐ Addition
NAME	AZZATIO, ANTHONY	6.2 NAME	
STREET ADDRESS	200-177TH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLE FL	6.4 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)(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: David Samson 2-3-95 931-7858
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
DAVID SAMSON

0043811