

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 # **733759** (5)

1. Corporation Name

ASSOCIATED SHEET METAL CONTRACTORS INDUSTRYFUND, 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
09/04/1975

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

4. FEI Number

59-1613950

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hollywood FL

28 Hollywood FL

Zip

Country

24 33081

25 USA

Zip

Country

29 33081

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Peggy J. Black

82 Street Address (P.O. Box Number 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**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MARVEL, WILLIAM H**
STREET ADDRESS **450 NO PARK RD**
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **MARVEL, WILLIAM H. SR**
1.3 STREET ADDRESS **P. O. BOX 81-7801**
1.4 CITY-ST-ZIP **HOLLYWOOD FL 33081**

TITLE **D** ☐ DELETE
NAME **KEEN, JAMES W**
STREET ADDRESS **450 NO PARK RD**
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **KEEN, JAMES W.**
2.3 STREET ADDRESS **P.O. BOX 81-7801**
2.4 CITY-ST-ZIP **HOLLYWOOD FL 33081**

TITLE **D** ☐ DELETE
NAME **MURPHY, WILLIAM H.**
STREET ADDRESS **450 NO PARK RD**
CITY-ST-ZIP **HOLLYWOOD FL**

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **MURPHY, WILLIAM H.**
3.3 STREET ADDRESS **P. O. BOX 81-7801**
3.4 CITY-ST-ZIP **HOLLYWOOD FL 33081**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
4.2 NAME **PEGGY J. BLACK**
4.3 STREET ADDRESS **4611 W HAWTHORNE CIRCLE**
4.4 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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

Date

954-961-0440

Daytime Phone #

CR2E037 (12/95)