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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 -7 PM 4:27

DOCUMENT # 733781 (9)

1. Corporation Name

GENERAL APPRENTICESHIP ADVISORY COMMITTEE OF BRO WARD COUNTY, INC.

Principal Place of Business	Mailing Address
2840 N.W. 27 AVENUE FORT LAUDERDALE FL 33311 US	2040 N.W. 27TH AVENUE FT. LAUDERDALE FL 33311-1304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1975
3a. Date of Last Report: 02/02/1994
4. FEI Number: 23-7413124 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	25 2840 N.W. 27 AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 N/A
City & State 23	City & State 28 FORT LAUDERDALE, FL
Zip 24 / Country 25	Zip 29 33111 / Country 30 BROWARD

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

9. Name and Address of Current Registered Agent

MAIERHOFER, KENNETH C
818 WEST BROWARD BLVD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: MAIERHOFER, KENNETH C.
82 Street Address (P.O. Box Number is Not Acceptable): 2840 N.W. 27 AVENUE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33311

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: Kenneth C. Maierhofer - TREASURER 1xx-25-95
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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MAIERHOFER, KENNETH C	1.2 NAME	
STREET ADDRESS	818 WEST BROWARD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, CHARLES	2.2 NAME	
STREET ADDRESS	3990 NW 9TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	☐ Change ☐ Addition
NAME	GOELZ, ROBERT E.	3.2 NAME	
STREET ADDRESS	1200 PK CENTRAL BLVD, S	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SALAS, RICHARD	4.2 NAME	
STREET ADDRESS	13201 NW 45TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kenneth C. Maierhofer - TREASURER 1x-25-95 305/739-9200
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KENNETH C. MAIERHOFER

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