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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 733781

1. Corporation Name

(9)

GENERAL APPRENTICESHIP ADVISORY COMMITTEE OF BROWARD COUNTY, INC.

Principal Place	of Busines	3	Mai	Mailing Address											
2840 N.W. 27 AVENUE				2840 NW 27 AVENUE											
FORT LAUDERDALE FL 33311			N/A	N/A											
US			FT L	FT LAUDERDALE FL 33311-1304					3. Date incorporated or Qualified 3a. Date of Last Report						
				03				•	3. Date incorporated or Qualified 09/08/1975 02/07			02/07/1	7/1996		
2. Principal Place of Business				2a. Mailing Address					FEI Nu	nber			Applied	For	
21				26					23	-7413124			Not App	licable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional							
City & State				City & State									Require		
23				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution							
Zip	Country			Zip Cour				8	This corporation has liability for intangible tax under s. 199.032						
24	25 29				30		•		Statutes		□ No	a. 199.1	۰۰۰۵,		
	9. Name	and Address of Current				10.	Name	and Address of New	Registered	Agent					
					81	1	Name								
MAIERHOFER, KENNETH C							Street Address (P.O. Box Number is Not Acceptable)								
2840 NW 27TH AVENUE															
FT. LAUDERDALE FL 33311															
					84	•	City				FL	85 Z	p Code		
11. Pursuant t	o the provis	ons of Sections 617.0502	and 61	7.1508, Florida Statut	es, the above	/B-	named o	corporatio	n submi	is this statement for th	e purpose p	fchanging	its regi	stered	
office or re agent. I ar	egistered ag m familiar wi	ent, or both, in the State of the and accept the obligation	of Florida tions of,	a. Such change was a Section 617.0503, Fig	authorized t orida Statute	y 1 es.	the corpo	oration's b	board of	directors. I hereby ac-	cept the app	pointment	as regist	ered	
SIGNATURE				·											
	or printed name of registered agen	gent	n erutengia t	equired when			DATE								
12. TITLE	·TD	OFFICERS AND	DIRECT				Т		ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRECTO Change		Addition	
NAME	MAIERHOFER, KENNETH C					1.1 TITLE 1.2 NAME						L Change	الساا	Aconton	
STREET ADDRESS 2840 NW 27TH AVE						EET ADORESS									
City-St-Zip	ET LAUDEODALE EL COCCO						.4 CITY-ST-ZIP								
TITLE	,VCD						2.1 TITLE V (X Change	: 🗆	Addition	
NAME	HARRIS, JOHN						2.2 NAME (, Pa	ul H					
STREET ADDRESS AVE				2.3					N W	27th Ave				,	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000						r-ZIP	Ft La	uder	dale, FL 333	11				
TITLE	CD			☐ DELETE				CD	_	_		X Change	; 🔲	Addition	
NAME	GOELZ, ROBERT E.			3.2				Harrí	-						
STREET ADDRESS 2200 PARK CENTRAL BLVD N 7										ndrews Ave					
CITY - ST - ZIP		IU BEAUTI PL		······································					uder	iale, FL 333	10	1971 oc		1.420	
TITLE	SD SALAS, RICHARD			L DELETE	4.1 TITLE	4.1 TITLE 4. 2 NAME		SD I Ar	+h	Warren		K Chang	: L)	Addition	
NAME STREET ADDRESS	13201 NW 45TH AVE									warren 45th Ave		•			
CITY-ST-ZIP	MIAMI FL							Miami							
TITLE	PERFORMANCE OF THE PERFORMANCE O			0.01.000		1.4 CITY-ST-ZIP 5.1 TITLE		**********	لديد و.		· · · · · · · · · · · · · · · · · · ·	☐ Change		Addition	
NAME					5.2 NAME								· ·		
STREET ADDRESS					5.3 STREE		ADDRESS								
CITY-ST-ZIP					5.4 CITY-										
TITLE	DELETE 6.1		6.1 TITLE							☐ Change		Addition			
NAME	6.2		6.2 NAME												
STREET ADDRESS					6.3 STREE	T A	ADDRESS								
CITY - ST - ZIP	u poditi ti -	the information a sector	i & b 4 - ! -	filian dan P	6.4 CITY-			- A A (G. 2)		0.07(0)(1) 5: 11.5:	444-4	1. 44 5			
information	n indicated (t the information supplied on this annual report or su	ıpplemei	ntal annual report is t	rue and acc	HUTI	ate and t	that my si	onature	shall have the same to	nal affect e	s if maila i	inder os	ith; that	
i am an oi	ficer or direct Block 12 o	ctor of the corporation or t	he recei	iver or trustee empow tachment with an add	vered to exe	cu	ite this re	port as re	equired I	by Chapter 617, Florid	a Statutes; a	ind that m	/ name		
	,K	enneth C Male	rhofe	er Treasure	r Luoman	pin	4L		.		95	4/739-	9200	, [
SIGNAT	URE: 🗎	SIGNATURE AND TYPED OR	PRINTED	AME OF SIGNING OFFICE	OR DESCRIPTION	37/1	<u></u>		Ja	nuary 21, 19	77	aytime Phone		Į	
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