

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 # 738163 (5)

1. Corporation Name

ADMIRALS OF THE FLEET OF FLORIDA, INC.



Principal Place of Business

Mailing Address

261 S.W. 6TH ST.
SUITE 204
MIAMI FL 33130
US

P. O. BOX 015175
MIAMI FL 33101-5175
US

3. Date Incorporated or Qualified
02/28/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2091136

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIGGS, RICHARD E.
1700 N.W. N. RIVER DR.
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

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 **D** ☐ DELETE
NAME **NORTHUP, ANNE M**
STREET ADDRESS **4 SEXTON WAY**
CITY-ST-ZIP **KEY LARGO FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VT** ☐ DELETE
NAME **CAVAGNARO, GEORGE**
STREET ADDRESS **8603 S DIXIE HWY #402**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **LASHAR, JR. W**
STREET ADDRESS **400 ARVIDA PARKWAY**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MARCUS, RICHARD S**
STREET ADDRESS **4000 NW 30 AVE.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **VS** ☒ DELETE
NAME **LASHAR, WILLIAM L.**
STREET ADDRESS **400 ARVIDA PARKWAY**
CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MARCUS, RICHARD S.**
STREET ADDRESS **4000 NW 30 AVE**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☒ Addition

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

Date

Daytime Phone #

CR2E037 (12/95)

4/17/96