

# 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 # 740937 (8)**

1. Corporation Name

**FORT LAUDERDALE STREET RODS, INC.**



Principal Place of Business

Mailing Address

**6610 N.W. 22ND STREET  
MARGATE FL 33063**

**6610 N.W. 22ND STREET  
MARGATE FL 33063**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
**11333 NW 20 Drive**

22 City & State  
**CORAL SPRINGS, FL.**

23 Zip  
**33063**

24 Country  
**FLORIDA**

25 State  
**FL**

26 City & State  
**CORAL SPRINGS, FL.**

27 Zip  
**33063**

28 Country  
**FLORIDA**

29 State  
**FL**

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**CORAL SPRINGS, FL.**

31 Zip  
**33063**

32 Country  
**FLORIDA**

33 State  
**FL**

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**CORAL SPRINGS, FL.**

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**33063**

36 Country  
**FLORIDA**

37 State  
**FL**

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**CORAL SPRINGS, FL.**

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**33063**

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41 State  
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**FLORIDA**

45 State  
**FL**

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**CORAL SPRINGS, FL.**

47 Zip  
**33063**

48 Country  
**FLORIDA**

49 State  
**FL**

50 City & State  
**CORAL SPRINGS, FL.**

51 Zip  
**33063**

3. Date Incorporated or Qualified

**12/02/1977**

3a. Date of Last Report

**02/24/1995**

4. FEI Number

**59-2403053**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**WORKS, MARSHA  
6610 N.W. 22 ST.  
MARGATE FL 33063**

81 Name  
**Craig Ford**

82 Street Address (P.O. Box Number is Not Acceptable)

**11333 NW 20 Drive**

83

84

City  
**CORAL SPRINGS**

**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

**Craig Ford**

**Craig W. Ford**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
O'CONNELL, DAVE  
8873 NW 2ND AVE.  
CORAL SPRINGS FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
RICHARDSON, JOSEPH  
3831 NW 80 AVE.  
CORAL SPRINGS FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SDD  
FORD, CRAIG  
11333 N.W. 20 DRIVE  
CORAL SPRINGS FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TDD  
WORKS, MARSHA  
6610 NW 22 STREET  
MARGATE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**PD  
Richardson, Joseph  
3631 NW 80 AVE.  
Coral Springs FL.**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**BVPD  
GEASHON, DAVE  
4000 NW 4 Street  
Coconut Creek, FL 33066**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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

**Marsha Works**

**4-23-96**

Date

**954-973-9546**

Daytime Phone #

CR2E037 (12/95)