

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 # 743384 (0)

1. Corporation Name

GALAHAD DADE "B" SOCIAL CLUB, INC.

Principal Place of Business

**19380 COLLINS AVE.
MIAMI BEACH, FL.
33160**

Mailing Address

**19380 COLLINS AVE. # 1706
MIAMI BEACH, FL.
33160**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LIEBMAN, VICTOR
19380 COLLINS AVENUE
SUITE 1706
MIAMI BEACH FL 33160**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/27/1978

3a. Date of Last Report

03/10/1995

4. FEI Number

23-7368689

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

10. Name and Address of New Registered Agent

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 date (if applicable)

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FROELICH, HAROLD

STREET ADDRESS

19380 COLLINS AVENUE # 718

CITY-ST-ZIP

MIAMI BEACH, FL 00000

TITLE

P

NAME

LIEBMAN, VICTOR

STREET ADDRESS

19380 COLLINS AVE. # 1706

CITY-ST-ZIP

MIAMI BEACH FL

TITLE

D

NAME

DRUYANOFF, JUDITH

STREET ADDRESS

19380 COLLINS AVE. # 703

CITY-ST-ZIP

MIAMI BEACH, FL 00000

TITLE

D

NAME

GROSSMAN, MARTIN

STREET ADDRESS

19380 COLLINS AVENUE # 623

CITY-ST-ZIP

MIAMI BEACH, FL 00000

TITLE

D

NAME

MAYER, MARTIN

STREET ADDRESS

19380 COLLINS AVENUE

CITY-ST-ZIP

MIAMI BEACH FL

TITLE

D

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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NAME

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STREET ADDRESS

D

CITY-ST-ZIP

D

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR LIEBMAN

3/27/96

DATE

Daytime Phone #

CR2E037 (12/95)