FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

744350 **DOCUMENT #**

(0)

 Corporation 	n Name	(-)				
UPPER	ROOM ASSEMBLY, INC.					
- · · · <u>-</u> ·	, , , , , , , , , , , , , , , , , , , ,				TANGINI KANCE DEDIK DIANG AMAG AMAT AMAT	AND NOR CITA NAME AND ARTS
Principal Plac	e of Business	Mailing Address			1 183911 10014 01017 01040 11107 01111 (####
19701 AO 12	P7TH AVE.	19701 AQ 127TH AVE	<u>.</u>			
MIAMI FL 33	177-1903	MIAMI FL 33177-1803				
					Date Incorporated or Qualified	3a. Date of Last Report
					09/21/1978	08/09/1995
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1889817	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	□ \$5.00 May Be
23 Zip	Country	28 Zip	Counts		1rust Fund Contribution	Added to Fees
24	25	29	Country 30		8. This corporation has liability for in	itangible tax under s. 199.032,] Yes [X No
 J <u></u>	9. Name and Address of Currer		1301		Florida Statutes 10. Name and Address of New Re	
			81	Name	10,	giotoriou rigent
KUMMELMAN, CAREY				0	(D.O. B., M.,	
10091 S	W 138TH CT.		82	Street Add	dress (P.O. Box Number is Not Acceptable	±}
MIAM! F	L 33186		83			
			84	City		
						FL 85 Zip Code
 Pursuant or registe 	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	ites, the above-r	named corpo	pration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its registered office
familiar w	ith, and accept the obligations of, Sect	tion 617.0503, Florida Statute	ized by the corp is:	Uranon S Doa	ard or directors, i hereby accept the appoi	ntment as registered agent. I am
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AN		OTE Registered Ager	t signature requir		DATE
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	KLEPP, REV. BRUCE		1 2 NAME			Change Addition
STREET ADDRESS	14952 SW 143 CT		1.3 STREET	Annesss		
CITY - ST - ZIP	MIAMI FL		1.4 CITY - S			
TITLE	TD	DELETE	2 I TITLE	1-21		☐ Change ☐ Addition
NAME	KUMMELMAN, CAREY		2.2 NAME			
STREET ADDRESS	10091 SW 138TH CT		2.3 STREET	ADORESS		
CITY-ST-ZIP	MIAMI FL 33186		2 4 CITY - 5	i I - 21P		
TITLE	SD	DELETE	3.1 TITLE			☐ change ☐ Addition
NAME	DAWSON, PLUMMER		3 2 NAME	P	Tummer, DAWSON	
STREET ADDRESS	10915 SW 177 TERR		33STREET	ADDRESS	•	
CITY-ST-ZIP	MIAMI FL	Doctor	3.4. CITY - S			
TITLE NAME	DAWSON Richard	DELETE	4 1 TITLE		Pirecter	Change Addition
STREET ADDRESS	FRON S.W. 42 " Shored	•	4 2 NAME	0	AWEON, KICHARD	
CITY-ST-ZIP	DAWSON, RICHARD 8820 S.W. 42 4 Street MIAMI, FI 33145		4 3 STREET	ADDRESS	PAWSON, Richard 1820 EW 42 MSt MIAMI, Fl 33165	
TITLE		DELETE	4.4 C/TY - S 5.1 TITLE	1 · ZH'	MIAMI, FI 53163	Change Addition
NAME			5.1 NAME			CT change CT Addition
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5 4 CITY-S			
THLE		DELETE	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADORESS		
CITY-ST-ZIP			6 4 CITY - ST	r-zip		
14. I do hereb	by certify that the information supplied v	with this filing is voluntarily fur	nished and does	not qualify	for the exemption stated in Section 119.0	7(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.

Flew. Bruce O.) Slypes SIGNATURE: 🗹

251-0876 Daytme Phone #