# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745348** **(3)**

1. Corporation Name

**C.G. RECREATION EQUITY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4850 NW 22 CT.<br>LAUDERHILL FL 33313 | 4850 NW 22 CT.<br>LAUDERHILL FL 33313 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1978
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1879033 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

COHEN, SEYMOR
4851 N.W. 21ST. ST.
LAUDERHILL FL 33313

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Seymour Cohen Pres 2/28/95
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 | P | 1.1 TITLE | V.P. ☐ Change ☒ Addition |
| NAME | COHEN, SEYMOUR | 1.2 NAME | WAXMAN, JOSEPH |
| STREET ADDRESS | 4851 NW 21ST ST. | 1.3 STREET ADDRESS | 2291 N. W. 48th Terr. |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 1.4 CITY-ST-ZIP | Lauderhill, Fla., 33313 |
| TITLE | T | 2.1 TITLE | D. ☒ Change ☐ Addition |
| NAME | SKOLLAR, JACK | 2.2 NAME | Davidson, Bert |
| STREET ADDRESS | 4841 NW 42ND ST. | 2.3 STREET ADDRESS | 2060 N. W. 48th Terr. |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 2.4 CITY-ST-ZIP | Lauderhill, Fla., 33313 |
| TITLE | S | 3.1 TITLE | D. ☐ Change ☒ Addition |
| NAME | BARR, IRMA | 3.2 NAME | SCHIFF, CARL |
| STREET ADDRESS | 4851 N.W. 21ST ST. | 3.3 STREET ADDRESS | 2240 N. W. 47th Terr |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 3.4 CITY-ST-ZIP | Lauderhill, Fla. |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SEEGMAN, PHILIP | 4.2 NAME | |
| STREET ADDRESS | 4851 N.W. 21ST ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARRETT, NAT | 5.2 NAME | |
| STREET ADDRESS | 4740 NW 21ST ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARBANELL, LOU | 6.2 NAME | |
| STREET ADDRESS | 4801 NW 22 CT. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL, FL 00000 | 6.4 CITY-ST-ZIP | |

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:** X Seymour Cohen Pres 2/24/95 239-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010063