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 #
1. Corporation Name

751288

(2)

HOLLYWOOD AMATEUR RADIO CLUB, INC.					 	HIND HOOK HOLD IRUK I	HARRAGAN ALAN ALAN	
Principal Pla	ace of Business	Mailing Address						
5450 HIACINTH COURT PETE SAGLIO FT. LAUDERDALE FL 33312 5450 HIACINTH CT FT. LAUDERDALE FL 3 US			33312		Date Incorporated components		a. Date of Last	
					02/27/1980		02/27/1	995
	Place of Business	2a. Mailing Address			4. FEI Number	CADLE	} <del>-</del>	Applied For
Suite, Ap	at the etc	Suite, Apt. #, etc.			NOT APPLI	CABLE		Not Applicable
22		27		<u>.</u>	5. Certificate of Status	Desired [		Additional Required
City & St	ate	City & State			6. Election Campaign I			O May Be
<b>23</b> Zip	Country	28	1 0 1		Trust Fund Contribu	U(JII)	Adde	d to Fees
24	25	Ζιρ <b>29</b>	Country 30		8. This corporation has			199.032,
27	9. Name and Address of Cur		30		Florida Statutes  10. Name and Addres		es No	
			81	Name	To. Humb und Hadres	o or How Hegist	ered våetir	
CACH	A DETE		<u> </u>					
SAGLIO, PETE 5450 HIACINTH COURT			82	Street	Address (P.O. Box Number is N	ot Acceptable)		
	AUDERDALE FL 33312		83					
1 1. LP	ODENDALE IE SSS12							
			84	City			FL 85 Z	o Code
or regis	nt to the provisions of Sections 617.03 tered agent, or both, in the State of F with, and accept the obligations of, S	iorida. Such change was authori	zed by the corp	amed co pration's	orporation submits this statemen board of directors. I hereby acc	t for the purpose apt the appointme	of changing its real as registered	egistered office agent. I am
	Signature, typed or printed name of registered a		OTE: Registered Agen	l signature i	required when reinstating)	D	ATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS		
T.TLE	P VOLUME DEPENT	DELETE	1 1 TITLE				Change	Addition
NAME ATORET LEBOS	YOUNG, ROBERT		1.2 NAME					
STREET ADDRES	- LEGIT FIGURE		1.3 STREET					
CITY - ST - ZIP TITLE				I - ZIP				(t)
NAME	V CWEETEN DOOG				V Line	امما	☐ Change	🔀 Addition
STREET ADDRESS		SWEETEN, ROSS 221		4055500	SHERRY WING BIG NW 13.3 A SUNRISE FL	HICO		
CITY-SI-ZIP			2 3 STREET 2 4 CITY - S	ADDRESS	016 000 13.7	7244		
TITLE	S			11 - ZIP	SUN RISE FL	3232	-5 □ Change	Addition
NAME	1 -	WUNSCH, EVELYN 32 No					FTI cuands	
STREE! ADDRESS	4.444 OH - ATT		3 3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-S					
TITLE	D	DELETE	4.1 TITLE				☐ Change	Addition
NAME	WUNSCH, THOMAS		4. 2 NAME				•	
STREET ADDRESS	· ·			ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY - S	1 - ZIP				
TITLE	D	DELETE	5 1 TITLE				Change	Addition
NAME	SAUL GREENBERG		5 2 NAME					
STREET ADDRESS	s 12500 S.W. 5CT # 406		53 STREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		5 4 CITY - S	- ZIP				
TITLE	T	T DELETE 61711					☐ Change	☐ Addit-on
NAME	LOSHIT ALDEDT		COMME		í			1
	KRAUT, ALBERT		6.2 NAME		•			
STREET ADDRESS CITY - ST - ZIP			63 STREET	ADDRESS				

recommency defining mature 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: Policy Printed Name of SIGNING OFFICER OR DIRECTOR OF YOUNG 02/02/96 954 981 2970