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

DOCUMENT # 752914

(2)

FLORIDA FIRE INSPECTORS ASSOCIATION, INC.

| FLORIDA FINE INSPECTORS ASSOCIATION, INC. | | | | | | | | |
|---|--|---------------------|--|----------------|--|------------------------|--------------------|-----------------------|
| Principal Place o | f Business | Mailing Address | | |) emmite billim i Glate timil billim) filmit f | 119- B1811 41411 41411 | | |
| 3630 SW 13TH ST. | | 3630 SW 13TH ST. | | ļ | | | | |
| MIAMI FL 33145 | | MIAMI FL 33145-1008 | | | | | | |
| US | | U\$ | | - | 3. Date Incorporated or Qualified 3a. Date of Last Rep 06/12/1980 05/01/1995 | | | |
| | | | | | 06/12/1980 | 05/0 | , , , , | |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number 59-2021428 | | | plied For |
| 21 | | 26 | | | 397202 1428 | | | t Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | | Additional equired |
| 22 | | 27 | | | 6 Floring Compaign Financing | | | May Be |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Country | | 8. This corporation has liability for i | ntangible tax und | ders. 1 | 99.032, |
| 24] | 25 | 29 | 30 | 1 | Florida Statutes |] Yes ∑X No | | |
| 14 | 9. Name and Address of Currer | | | | 10. Name and Address of New R | egisteréd Ager | ıt | |
| | | | 81 N | lame | | | | |
| DAEGLING | S. KATHY | | 82 8 | Street Address | (P.O. Box Number is Not Acceptab | le) | | |
| | 13TH STREET | | | | | ***** | | |
| MIAMI FL | | | 83 | | | | | |
| • | | | 84 0 | Dity | | 85 | Zip | Code |
| | the provisions of Sections 617,050 | | | , | | FL | | |
| familiar with SIGNATURE 7.12. | o the provisions of Sections 617.050% diagent, or both, in the State of Florin, and accept the obligations of, Section 5, Section 1, specific provided manie of registered approving the province of the state of the | Wy Preside | S. V / Olic Rugistered Agent sq 13. | | | DATE DATE | | |
| TITLE | PD | DELETE | 1.1 THILE | | | ☐ Cr | nange | Addition |
| NAME | DAEGLING, KATHY | | 1.2 NAME | | | | | |
| STREET ADDRESS | 3630 S.W. 13TH STREET | | 1 3 STREET AD | DRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY - ST - Z | ZIP | | | | F-1 |
| TITLE | \$ | DELETE | 2 1 TITLE | 5/4 | - m. 1061 | X C | nange | Addition |
| NAME | JOHNSON, LORI | | 2 2 NAME | 7.4 | No CH TO LANE | | | |
| STREET ADDRESS | 8175 N.W. 12TH STREE T | | 2 3 STREET AD | DRESS 124 | nsoy, LORI 140 SW 70 LANE 1701, FUNION 33183 | | | |
| CITY-SI-ZIP | MIAMI FL | | 2 4 CITY - ST- | ZIP MIA | MI, FUNIOF 33183 | | | - Addition |
| TUTLE | VD | DELETÉ | 3 1 THILE | | • | □ c | nange | ☐ Addition |
| NAME | MAJSZAK, MAURICE | 7 | 3 ? NAME | | | | | |
| STREET ADDRESS | 8521 N.W. 16TH STREET | | 3 3 STREET AD | | | | | |
| CITY - ST - ZIP | PEMBROKE PINES FL | Docuses | 3 4. CITY-ST | ZIF | - 1000017 | 4 235 6 | hange | Addition |
| TITLE | TDS | DELETE | 4.1 TITLE | | - 100001 ア -03/14/9601 | 034022 | arigit | |
| NAME | RAFULS, EDGAR (GARY) | | 4 2 NAME | | ***61.25 | | | |
| STREET ADDRESS | 101040 N.W. 21 COURT | | 4.3 STREET AD | ODRESS | | | | |
| CITY - ST - ZIP | PEMBROKE PINES FL | Floriere | 4.4 C(1) Y - ST - | ZIP / | Λ | rts# | hange | Add tion |
| TITLE | V CHARAC IASSES | DELETE | 5.1 TITLE | 10/6 | 1 Teach | | | |
| NAME | SLOWIAK, JAMES | | 5.2 NAME | 520 | NIA RIVATE TORK | ACE. | | |
| STREET ADDRESS | 17730 WOODREW TERRACE | | 5.3 STREET AS | JURESS 1777 | WIAK, TAYOS 130 WUODKEW TOKK 4 KATON, PC. | | | |
| CiTY-ST-ZIP | BOCA RATON FL | Пределе | 5.4 CITY - ST - | ZIP /500 | 1MIN, F. | П | hange | Addition |
| TITLE | | DELETÉ | 6 1 TILE | | | L.1 (| - A go | |
| NAME | | | 6.2 NAME | DDD100 | | | | |
| STREET ADDRESS | | | 63 STREET A | | | | | |
| CITY-ST-ZIP | | | 64 CHY-ST- | ZIP | | | | . 14.45 |

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 13 inchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

305-38/-8238