

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:22

DOCUMENT # 754345 (7)

1. Corporation Name  
NORTH MIAMI BEACH KWANIS CLUB SCHOLARSHIP FUND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% LEROY LEVY, PRESIDENT 1550 N.E. MIAMI GARDENS DR. #306 NORTH MIAMI BEACH FL 33179	% LEROY LEVY, PRESIDENT 1550 N.E. MIAMI GARDENS DR. #306 NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified 09/25/1980	3a. Date of Last Report 09/28/1994
4. FEI Number 59-1884436	Applied For Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEVY, LEROY  
1550 N.E. MIAMI GARDENS DR., SUITE 306  
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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: *Leroy Levy* LEROY LEVY, PRESIDENT 2/1/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVY, LEROY
STREET ADDRESS	1550 NE MIAMI GRDNS DR.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	DS
NAME	LACHANCE, JOHN
STREET ADDRESS	2201 CHARLESTON
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	STWARD, HERBERT
STREET ADDRESS	418 POINCIANA DRIVE
CITY-ST-ZIP	GOLDEN ISLES, FL 3
TITLE	D
NAME	FRANKEL, RALPH
STREET ADDRESS	20030 N.E. 22 AVNUE
CITY-ST-ZIP	N MIAMI BEACH, FL 0
TITLE	D
NAME	LOIZZO, LINDA
STREET ADDRESS	13901 OAK RIDGE DRIVE
CITY-ST-ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Leroy Levy* LEROY LEVY, PRESIDENT 2/1/95  
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR