

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 754345 (7)  
 1. Corporation Name  
 NORTH MIAMI BEACH KWANIS CLUB SCHOLARSHIP FUND, INC.



Principal Place of Business: 1550 NE MIAMI GARDENS DRIVE SUITE 30 C NORTH MIAMI BEACH FL 33179  
 Mailing Address: P.O. BOX 640622 MIAMI FL 33164-0622

3. Date Incorporated or Qualified: 09/25/1980  
 4. FEI Number: 59-1884436  
 Applied For: Not Applicable

2. Principal Place of Business: 21 19835 NE 12 AVE  
 Suite, Apt. #, etc.:  
 City & State: 23 MIAMI, FL  
 Zip: 24 33179 Country: 25 USA

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. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
 SEGAL, NORMAN  
 19835 NE 12 AVE  
 MIAMI 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: D	LEVEY, LEROY
STREET ADDRESS: 1550 NE MIAMI GRDNS DR.	N. MIAMI BEACH FL 33179
TITLE: D	SEGAL, NORMAN
STREET ADDRESS: 19835 NE 12 AVENUE	MIAMI FL 33179
TITLE: D	UTGARD, HERBERT
STREET ADDRESS: 175 NW 167TH ST	N MIAMI BEACH FL
TITLE: D	FISHER, MILTON
STREET ADDRESS: 1310 NE 174TH ST	N MIAMI BEACH FL
TITLE: D	LOIZZO, LINDA
STREET ADDRESS: 13901 OAK RIDGE DRIVE	DAVE FL
TITLE: D	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Norman Segal* 7/6/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)

*Call 716*