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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 762842**

1. Corporation Name

**THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL P  
ALM SOCIETY, INC.**

Principal Place of Business

1107 NE 118 STREET  
BISCAYNE PARK FL 33161

Mailing Address

1107 NE 118 STREET  
BISCAYNE PARK FL 33161



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/12/1982

4. FEI Number

59-2528151

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

9. Name and Address of Current Registered Agent

**KEYS, DANIEL**  
1107 NE 118 STREET  
BISCAYNE PARK FL 33161

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
NAME **WILLIAM OLSON**  
STREET ADDRESS **30150 SW 170TH AVE.**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **TD** ☐ DELETE  
NAME **HOWARD, WADDELL**  
STREET ADDRESS **6120 SW 132ND ST.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PD** ☐ DELETE  
NAME **KEYS, DANIEL**  
STREET ADDRESS **1107 NE 118TH ST**  
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE **SD** ☒ DELETE  
NAME **KERN, RICK**  
STREET ADDRESS **17980 N.W. 2 AVE.**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **CSDD** ☒ DELETE  
NAME **BUHLER, THEODORA**  
STREET ADDRESS **311 EAST RIDGE DRIVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition  
1.2 NAME **PETER S. STERN**  
1.3 STREET ADDRESS **8375 SW 185 TERR.**  
1.4 CITY-ST-ZIP **MIAMI FL 33157**

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 **CSD**  
5.3 STREET ADDRESS **JODY HAYNES**  
5.4 CITY-ST-ZIP **9525 JAMAICA DR**  
**MIAMI FL 33189**

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)(i), 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, with all other like empowered.

SIGNATURE:

**HOWARD WADDELL**

3/12/99

305/666-0476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)