

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 # 771228 (4)

1. Corporation Name
OVERTOWN ADVISORY BOARD, INC.



Principal Place of Business Mailing Address
1490 N.W. 3TH AVE. MIAMI FL 33136 US
P.O. BOX 015802 MIAMI FL 33101

3. Date Incorporated or Qualified **11/14/1983**
3a. Date of Last Report **09/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 1490 N.W. 3rd AVENUE **26 P.O. BOX 015802**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 MIAMI, FLORIDA **28**
Zip Country Zip Country
24 33136 **25 U.S.A.** **29** **30**

4. FEI Number **59-2727708** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BENJAMIN, DONALD F
417 N.W. 6TH ST.
MIAMI FL 33136

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, DONALD F	1.2 NAME	SAME
STREET ADDRESS	417 N.W. 6TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, IRBY	2.2 NAME	SAME
STREET ADDRESS	240 N.W. 11 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOMFIELD, CLEOMIE	3.2 NAME	TD
STREET ADDRESS	95 NW 41 STREET	3.3 STREET ADDRESS	LYONS, THEODORE
CITY-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	915 N.W. 1st AVE, #H1411
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	SD
STREET ADDRESS		4.3 STREET ADDRESS	TURNER, TRENESÉ
CITY-ST-ZIP		4.4 CITY-ST-ZIP	45 N.W. 38th STREET
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Trenese J Turner* **3/29/96** **305 372-0682**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)