FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43461** **(9)**

1. Corporation Name
NATIONAL ALCOHOLISM PROGRAMS/COOPER CITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 290070 DAVIE FL 33329-0070	P.O. BOX 290070 DAVIE FL 33329-0070

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1986
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business
21 5960 SW 106TH AVENUE
22 Suite, Apt. #, etc.
23 City & State: COOPER CITY, FLORIDA
24 Zip: 33328 25 Country: BROWARD

2a. Mailing Address
26 5960 SW 106TH AVENUE
27 Suite, Apt. #, etc.
28 City & State: COOPER CITY, FLORIDA
29 Zip: 33328 30 Country: BROWARD

4. FEI Number: 65-0077267 ☐ 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

BLANK, MARVIN
3800 SOUTH OCEAN DRIVE
APT. #1112-A
HOLLYWOOD FL 33019

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BLANK, MARVIN	1.2 NAME	
STREET ADDRESS	3800 S. OCEAN DR. #1112A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	CVD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOSOW, JACK	2.2 NAME	
STREET ADDRESS	2275 S. OCEAN BLVD.#305S	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FAGELMAN, SIDNEY	3.2 NAME	
STREET ADDRESS	20 GLENS EAST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KABACHNICK, MARVIN	4.2 NAME	
STREET ADDRESS	3500 GALT OCEAN DR., SUITE 317	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, PATRICK	5.2 NAME	
STREET ADDRESS	29 UNIVERSITY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin Blank TREAS. 4/19/95 305-680-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434400 FP

J4346

Additional Directors
National Alcoholism Programs/CC, FL

7.1 D
7.2 Gershman, Jack
7.3 3 Brentwood Drive
7.4 Boynton Beach, FL 33436

8.1 D
8.2 Pearl, Herbert
8.3 5424 San Roma Circle
8.4 Lake Worth, FL 33467