

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02507 (4)**  
1. Corporation Name  
**GREATER FORT LAUDERDALE CHAPTER F.M.P.T.A., INC.**



Principal Place of Business <b>11 FORT ROYAL ISLE FT LAUDERDALE FL 33308 US</b>	Mailing Address <b>P.O. BOX 14513 FT LAUDERDALE FL 33302-4513 US</b>
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3. Date Incorporated or Qualified <b>04/12/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

4. FEI Number <b>59-2312437</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MICHAEL E. ZEALY SR  
11 FT ROYAL ISLE  
FT LAUDERDALE FL 33308**

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	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>ZEALY, MICHAEL E. SR.</b>	
STREET ADDRESS <b>11 FORT ROYAL ISLE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	
TITLE <b>EVD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FOGAN, CHERYL</b>	
STREET ADDRESS <b>1931 OCEAN DR</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RYBINSKI, KAREN</b>	
STREET ADDRESS <b>4824 NW 98TH TERRACE</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BASSION, BLANCA</b>	
STREET ADDRESS <b>4637 NW 41 COURT</b>	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CAMPBELL, COUGLAS</b>	
STREET ADDRESS <b>2001 W SAMPLE RD</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LAMBERT, MICHAEL</b>	
STREET ADDRESS <b>102 NE 2ND ST STE 308</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>EVD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Rocco Quaglia</b>	
1.3 STREET ADDRESS <b>3471 North Federal Highway, # 603</b>	
1.4 CITY-ST-ZIP <b>Ft Lauderdale, FL 33306</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Rybinski, Karen</b>	
2.3 STREET ADDRESS <b>4824 N.W. 96 Terrace</b>	
2.4 CITY-ST-ZIP <b>Sunrise, FL 33351</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Lesley Haynes</b>	
3.3 STREET ADDRESS <b>3950 N.W. 7th Place</b>	
3.4 CITY-ST-ZIP <b>Deerfield Beach, FL 33442</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Wilkinson, King</b>	
4.3 STREET ADDRESS <b>524 N.E. 21 Court</b>	
4.4 CITY-ST-ZIP <b>Wilton Manors, FL 33305</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Wentworth, Elizabeth</b>	
5.3 STREET ADDRESS <b>200 East Las Olas Blvd # 1850</b>	
5.4 CITY-ST-ZIP <b>Ft Lauderdale, FL 33301</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Marks, David</b>	
6.3 STREET ADDRESS <b>2575 S.E. 9th Street</b>	
6.4 CITY-ST-ZIP <b>Pompano Bch, FL 33062</b>	

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: **4/9/97 9:54-566-6697**

CR2E037 (9/96)