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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	N02993	(6)
SOUTH FLORIDA AF	RT CENTER, INC.	



Principal Place o	of Business	Maili	ng Address			"		19 (1): 6:4:1 8:5:4 B	**** ****	
924 LINCOLN F	RD		LINCOLN RD							
MIAMI BEACH	FL 33139	MU	ami Beach FL 331	39						
							acorporated or Qualified 1/27/1984	3a. Date 05	of Last F 5/01/19	•
2. Principal Plac	ce of Business	2a. N	Mailing Address			4. FEI Nu			A	pplied For
	oo or passives	26	ŭ			59	9-24 <u>23867</u>			lot Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.	20	5	5. Certific	eate of Status Desired			Additional Required
City & State			City & State			6. Election	n Campaign Financing		\$5.00	May Be
		28	,			1	und Contribution			to Fees
Zip	Country		Zip	Cou	ntry	8. This co	orporation has liability for	intangible tax i	under s.	199.032,
4	25	29		30		Florida	Statutes	Yes 🔼 N	0	
	9. Name and Address of	of Current Registe	ered Agent			10. Name	and Address of New I	Registered Ag	ent	
					81 Name	9				
FLOYD, D	DAVID				82 Stree	t Address (P.O. Box	Number is Not Acceptat	ple)		
	COLN ROAD									
	EACH FL 33139				83					
MIAMI DE	CAUTIFE 00109				PA City				85 Zip	Code
					84 City			FL	00	. 0000
11 Dureuant to	o the provisions of Sections	617 0502 and 617.	.1508. Florida Stat	utes, the abo	ve-named	corporation submits	this statement for the pu	rpose of chang	ging its re	egistered office
or rogietoro	ad about or both, in the Stat	te of Florida. Such d	change was author	rizeo dy trie s	corporation	's board of directors	. I hereby accept the app	oointment as re	gistereo	agent, i am
familiar with	h, and accept the obligations	s of, Section 617.0	503, Florida Statut	:es,						
GNATURE _		in and the fac			Agent sogstur	e required when reinstaling)		DATE		
	Signature, typed or printed name of reg		plicable. ((NOTE: Registered	Agent signatur	e required when reinstaling) ADDIT	IONS/CHANGES TO OF		IRECTO	RS IN 12
2.	OFFIC	istered agent and title if ap CERS AND DIRECT	oplicable ((NOTE: Registered		e required when reinstaling) ADDIT	IONS/CHANGES TO OF	FICERS AND D	DIRECTO	
2. ITLE	CD OFFIC		plicable. ((NOTE: Registered	TLE	e required when reinstating) ADDIT	IONS/CHANGES TO OF	FICERS AND D		
2. ITLE	CD CHEEZEM, JAN	CERS AND DIRECT	oplicable ((NOTE: Registered 13. 1.1 Ti 1.2 N	TLE AME	ADDIT	IONS/CHANGES TO OF	FICERS AND D		
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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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address.

SIGNATURE:

305 674 8278 Daytime Phone #