

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED  
MAY 11 1995  
STATE OF FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morforn  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N05068** (4)  
 1. Corporate Name  
**BISCAYNE BAY POWER SQUADRON AUXILIARY INC.**

Principal Place of Business: **C/O LYNN BLUMENFELDD 1960 N. E. 182 STREET NORTH MIAMI BEACH FL 33162**  
 Mailing Address: **C/O LYNN BLUMENFELDD 1960 N. E. 182 STREET NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1984**      3a. Date of Last Report: **04/01/1994**

4. FEI Number: **59-2001444**      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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State      28 City & State

24 Zip      25 County      29 City      30 Zip

9. Name and Address of Current Registered Agent  
**MASTER, MARY J.  
 1960 N. E. 182 STREET  
 NORTH MIAMI BEACH, FL 33162**

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 agent 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ATTENDING CHAIRMAN, TELLER, CLERK AND TREASURER	
TITLE	<b>PD</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASTER, MARY J</b>	12 NAME	
STREET ADDRESS	<b>1960 NE 182 ST</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>N MIAMI BEACH FL 33162</b>	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VSD</b>	21 TITLE	
NAME	<b>BERMAN, PATRICE</b>	22 NAME	
STREET ADDRESS	<b>20230 NE 12 CT</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33179</b>	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TD</b>	31 TITLE	
NAME	<b>NEWTON, JACQUELINE</b>	32 NAME	
STREET ADDRESS	<b>1139 NE 109 ST</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33161</b>	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.031(6)(b), 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 of this report or on an attachment with an address.

SIGNATURE: *P.D. Mary J. Master*      4/26/95      305-944-1764  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR