

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 # N05593

(1)

1. Corporation Name

BISCAYNE BAY POWER SQUADRON, INC.



Principal Place of Business

Mailing Address

C/O JOSEPH CAPUOZZO
390 NE 125 ST. APT. #401
NORTH MIAMI FL 33161

C/O JOSEPH CAPUOZZO
390 NE 125 ST. APT. #401
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified
10/10/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3703 NE 166TH ST.

26 3703 NE 166TH ST.

4. FEI Number
59-6147746

Applied For
Not Applicable

22 Suite, Apt. #, etc.
602

27 Suite, Apt. #, etc.
602

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
No. Miami Beach FL

28 City & State
No. Miami Beach

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33160

25 Country
USA

29 Zip
33160

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPUOZZO, JOSEPH
390 NE 125 ST
APT #401
NORTH MIAMI FL 33161

Delete

81 Name
JAMES T. SHARPE
82 Street Address (P.O. Box Number is Not Acceptable)
3703 NE 166TH ST. #602
83
84 City
NORTH MIAMI BEACH FL
85 Zip Code
33160

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

JAMES T. SHARPE, Commissioner

2/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME SABATO, DANIEL G
STREET ADDRESS 19341 NW 52ND COURT
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE
NAME DM
STREET ADDRESS SHULTZ, HARRY M
CITY - ST - ZIP 3944 NE 167 ST./A-107
NORTH MIAMI BEACH FL

TITLE ☐ DELETE
NAME C
STREET ADDRESS NIELSON, ELSA
CITY - ST - ZIP 1700 SW 82 AVE
MIAMI FL

TITLE ☐ DELETE
NAME C
STREET ADDRESS MASTER, RUDOLPH
CITY - ST - ZIP 1960 NE 182 STREET
MIAMI FL

TITLE ☒ DELETE
NAME S
STREET ADDRESS D'AMICO, JOANNE E
CITY - ST - ZIP 1885 NE 179TH TERRACE
NORTH MIAMI BEACH FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS SHARPE, JAMES
CITY - ST - ZIP 3703 NW 166 STREET #602
NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME SABADO
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
5 Laura Pinkus
16570 NE 26th Ave.
North Miami Beach, FL 33160

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

JAMES T. SHARPE

2/28/96

305-672-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)