

# 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 # N05787 (9)**

1. Corporation Name

**CENTER ONE, ANYONE IN DISTRESS, INC.**



Principal Place of Business

Mailing Address

3015 N OCEAN BLVD. STE 111  
FT LAUDERDALE FL 33308-7300  
US-

3015 N OCEAN BLVD STE 111  
P.O. BOX 0152  
FT. LAUDERDALE FL 33308  
US-

3. Date Incorporated or Qualified  
**10/23/1984**

3a. Date of Last Report  
**02/28/1995**

4. FEI Number  
**NOT APPLICABLE 59-2532270**

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

2. Principal Place of Business

2a. Mailing Address

21 **2817 East Oakland Park Blvd**

26 **2817 East Oakland Park Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite # 200**

27 **Suite # 200**

City & State

City & State

23 **Fort Lauderdale, FL**

28 **Fort Lauderdale, FL**

Zip

Zip

24 **33306-1813** 25 **USA**

29 **33306-1813** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLEGEL, PAUL  
540 E MCNAB RD  
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **AFRICK, PAM**  
STREET ADDRESS **2510 NE 47TH ST.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ DELETE  
NAME **HALPERN, STEVEN J.**  
STREET ADDRESS **899 W CYPRESS CRK. RD. S. 702**  
CITY-ST-ZIP **FT LAUDERDALE FL 33310**

TITLE **TD** ☐ DELETE  
NAME **WHITELOCKE, DIANA**  
STREET ADDRESS **1311 ADAMS ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **ED** ☐ DELETE  
NAME **WEATHERHEAD, JOHN C**  
STREET ADDRESS **3015 N OCEAN BLVD STE 111**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPD** ☐ DELETE  
NAME **JERNIGAN, SKEET**  
STREET ADDRESS **P.O. 2331 N/A**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **SD** ☐ DELETE  
NAME **NELSON, STEPHEN J**  
STREET ADDRESS **10403 NW 5TH CT.**  
CITY-ST-ZIP **PLANTATION FL 33304**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition  
1.2 NAME **Schagrin, Richard**  
1.3 STREET ADDRESS **2412 NW 35 Street**  
1.4 CITY-ST-ZIP **Boca Raton FL 33431**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **P** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **VP** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

954-537-4111

Date

Daytime Phone #

CR2E037 (12/95)