

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 # N06175 (6)

1. Corporation Name

SUNRISE/LAUDERHILL JAYCEES, INC.



Principal Place of Business

Mailing Address

**1999 UNIVERSITY DR
SUITE 402
CORAL SPRINGS FL 33071**

**1999 UNIVERSITY DR
SUITE 402
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified **11/15/1984** 3a. Date of Last Report **07/31/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2468306		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		Yes		No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHARF, ROBERT D.
1999 UNIVERSITY DRIVE
SUITE 402
CORAL SPRINGS FL 33071**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHNER, ROGER	1.2 NAME	
STREET ADDRESS	4617 NW 90TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, LAWRENCE	2.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DR S402	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	TVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, ROBERT D.	3.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DR S402	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, RICHARD J.	4.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DR S402	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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

PRESIDENT

4-2896

305 846 8272

Date

Daytime Phone

CR2E037 (12/95)