

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07930 (3)  
1. Corporation Name  
SOUTH FLORIDA SCIENCE FICTION SOCIETY, INC.



Principal Place of Business Mailing Address  
PO BOX 70143 PO BOX 70143  
FORT LAUDERDALE FL 33307 FORT LAUDERDALE FL 33307-0143  
US US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

3. Date Incorporated or Qualified 03/04/1985 3a. Date of Last Report 03/21/1996  
4. FEI Number 59-2575665 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

9. Name and Address of Current Registered Agent

SICLARI, JOSEPH D.  
4599 NW FIFTH AVENUE  
BOCA RATON FL 33431

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 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          | SD                           | <input type="checkbox"/> DELETE            |
| NAME           | ANANAYO, SHIRLENE            |  |
| STREET ADDRESS | 539 37TH STREET              |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL           |  |
| TITLE          | D                            | <input type="checkbox"/> DELETE            |
| NAME           | GOODMAN, JUDI                |  |
| STREET ADDRESS | 7670 SW 152 AVENUE #106      |  |
| CITY-ST-ZIP    | MIAMI FL                     |  |
| TITLE          | TD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | DOLAN, PEGGY ANN             |  |
| STREET ADDRESS | 4427 ROYAL PALM AVE.         |  |
| CITY-ST-ZIP    | MIAMI BEACH FL               |  |
| TITLE          | VD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | PETERSON, GEORGE             |  |
| STREET ADDRESS | 1808 NE 11 AVENUE APT 8      |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL           |  |
| TITLE          | PD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | SICLARI, JOSEPH              |  |
| STREET ADDRESS | 4599 NW 5 AVE                |  |
| CITY-ST-ZIP    | BOCA RATON FL                |  |
| TITLE          | D                            | <input type="checkbox"/> DELETE            |
| NAME           | HERZ, MELANIE                |  |
| STREET ADDRESS | 1245 PALM BAY ROAD APT S-204 |  |
| CITY-ST-ZIP    | PALM BAY FL                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | PD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                      |  |
| 1.3 STREET ADDRESS |                      |  |
| 1.4 CITY-ST-ZIP    |                      |  |
| 2.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                      |  |
| 2.3 STREET ADDRESS |                      |  |
| 2.4 CITY-ST-ZIP    |                      |  |
| 3.1 TITLE          | TD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Robert Ewart, Robert |  |
| 3.3 STREET ADDRESS | 455 NW 10th Street   |  |
| 3.4 CITY-ST-ZIP    | Boca Raton, FL       |  |
| 4.1 TITLE          | VD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Rawlik, Peter        |  |
| 4.3 STREET ADDRESS | 539 37 St            |  |
| 4.4 CITY-ST-ZIP    | West Palm Beach, FL  |  |
| 5.1 TITLE          | SD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Barker, Peter        |  |
| 5.3 STREET ADDRESS | 9260 Kestay Circle   |  |
| 5.4 CITY-ST-ZIP    | Boca Raton, FL       |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)