

**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 # **N08867** (6)

1. Corporation Name  
**MARJORY STONEMAN DOUGLAS BISCAYNE NATURE CENTER, INC.**



Principal Place of Business: P.O. BOX 330582 MIAMI FL 33233-0582  
Mailing Address: P.O. BOX 330582 MIAMI FL 33233-0582

3. Date Incorporated or Qualified: **04/19/1985**  
3a. Date of Last Report: **03/31/1995**

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

4. FEI Number <b>59-2549600</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DANON, SAM</b> <b>701 BRICKELL AVE</b> <b>29TH FLOOR</b> <b>MIAMI FL 33131</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<b>VD</b>	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OLLE, DENNIS</b>	12 NAME	<b>T</b>
STREET ADDRESS	<b>2 S BISCAYNE BLVD #1402</b>	13 STREET ADDRESS	<b>Joy Intriago</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	14 CITY-ST-ZIP	<b>1895 Espanola Drive</b>
TITLE	<b>DP</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAFTON, THORN</b>	22 NAME	<b>D</b>
STREET ADDRESS	<b>69 SW 11 STR</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	24 CITY-ST-ZIP	
TITLE	<b>SD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, CHARLES D. JR</b>	32 NAME	
STREET ADDRESS	<b>10450 S.W. 96TH TERR.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZOLD, RICHARD</b>	42 NAME	<b>DP</b>
STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	44 CITY-ST-ZIP	
TITLE	<b>TD</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANON, SAM</b>	52 NAME	<b>VP</b>
STREET ADDRESS	<b>701 BRICKELL AVE.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: *Richard Bezold* **3/11/96** **(305) 374-5600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)