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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11463 (9)

1. Corporation Name

GOVERNMENTAL PURCHASING ASSOCIATION OF SOUTHEAST
FLORIDA, INC.

Principal Place of Business

Mailing Address

%LEETA HARDIN, CITY OF POMPANO BEACH
P.O. DRAWER 1300
POMPANO BEACH FL 33061-1300%LEETA HARDIN, CITY OF POMPANO BEACH
P.O. DRAWER 1300
POMPANO BEACH FL 33061-13003. Date Incorporated or Qualified
10/07/19853a. Date of Last Report
07/15/19964. FEI Number
59-2617121Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDIN, LEETA
1190 NORTH EAST 3RD AVE. BLDG. C
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME HARDIN, LEETA
STREET ADDRESS 1190 NE 3RD AVE.
CITY-ST-ZIP POMPANO BEACH FL11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME WITKOWSKI, ED
STREET ADDRESS 115 S. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL21 TITLE ☒ Change ☐ Addition
22 NAME P/D
23 STREET ADDRESS Witkowski, Ed
24 CITY-ST-ZIP (change title only)TITLE PD ☒ DELETE
NAME GUZZI, CONNIE
STREET ADDRESS 5790 MARGATE BLVD.
CITY-ST-ZIP MARGATE FL31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME CORWIN, STEVE
STREET ADDRESS 10770 W. OAKLAND PARK BLVD.
CITY-ST-ZIP SUNRISE FL41 TITLE ☒ Change ☐ Addition
42 NAME V/D
43 STREET ADDRESS Corwin, Steve
44 CITY-ST-ZIP (change title only)TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP51 TITLE ☐ Change ☒ Addition
52 NAME S/D
53 STREET ADDRESS Persiano, Robert
54 CITY-ST-ZIP 225 East Las Olas Boulevard
Fort Lauderdale, FL 33301TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE:

Leeta Hardin, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025372

1/2/97 (954)
786-4098

CR2E037 (9/96)