

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA 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 33061-1300**

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

3. Date Incorporated or Qualified

**10/07/1985**

4. FEI Number

**59-2617121**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

**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

TITLE **TD** ☐ DELETE  
NAME **HARDIN, LEETA**  
STREET ADDRESS **1190 NE 3RD AVE.**  
CITY-STATE-ZIP **POMPANO BEACH FL**

TITLE **PD** ☒ DELETE  
NAME **WITKOWSKI, ED**  
STREET ADDRESS **115 S. ANDREWS AVE.**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☒ DELETE  
NAME **GUZZI, CONNIE**  
STREET ADDRESS **5700 MARGATE BLVD.**  
CITY-STATE-ZIP **MARGATE FL**

TITLE **VD** ☒ DELETE  
NAME **CORWIN, STEVE**  
STREET ADDRESS **10770 W. OAKLAND PARK BLVD.**  
CITY-STATE-ZIP **SUNRISE FL**

TITLE **SD** ☐ DELETE  
NAME **PERSIANO, ROBERT**  
STREET ADDRESS **225 E LAS OLAS BLVD**  
CITY-STATE-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Hardin, Leeta**  
1.3 STREET ADDRESS **1190 NE 3rd Ave.**  
1.4 CITY-STATE-ZIP **Pompano Beach FL**

2.1 TITLE **TD** ☐ Change ☒ Addition  
2.2 NAME **Matias, Ray**  
2.3 STREET ADDRESS **9551 W. Sample Road**  
2.4 CITY-STATE-ZIP **Coral Springs FL**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Flurry, Lynda S.**  
3.3 STREET ADDRESS **7525 NW 88 Avenue**  
3.4 CITY-STATE-ZIP **Tamarac, FL**

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

5.1 TITLE **VD** ☒ Change ☐ Addition  
5.2 NAME **Persiano, Robert**  
5.3 STREET ADDRESS **225 E Las Olas Blvd**  
5.4 CITY-STATE-ZIP **Ft Lauderdale, FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I 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*

7/15/98

(954) 786-4098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED  
Jul 23 1998 8:00am<sup>8</sup>  
Secretary of State

