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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:43

DOCUMENT # N14219 (2)

1. Corporation Name

PEMBROKE PINES FIRE FIGHTERS BENEVOLENT ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
% ROBERT A. SUGARMAN P.O. BOX 8120 PEMBROKE PINES FL 33084	% ROBERT A. SUGARMAN P.O. BOX 8120 PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1986
3a. Date of Last Report: 02/09/1994
4. FEI Number: 23-7367583 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SUGARMAN, ROBERT A.
5959 BLUE LAGOON DR.
SUITE 150
MIAMI FL 33126

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GILMARTIN, SHAWN	1.2 NAME	GILMARTIN, SHAWN	
STREET ADDRESS	5248 SW 94 AVE	1.3 STREET ADDRESS	5248 SW 94 AVE	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	Cooper City, FL	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	NICKISON, MATT	2.2 NAME	John Pierrillo	
STREET ADDRESS	1921 NW 106 AVE	2.3 STREET ADDRESS	11709 SW 50 CT.	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Cooper City, FL	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RYMING, DONALD	3.2 NAME	RICH MOSS	
STREET ADDRESS	4941 SW 61 AVE	3.3 STREET ADDRESS	940 NW 202 AVE.	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	P. PINES FL	
TITLE	D	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	ROSS, STUART	4.2 NAME	JOHN CAPRIO	
STREET ADDRESS	2211 NW 93 AVE	4.3 STREET ADDRESS	965 NW 202 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	P. PINES, FL	
TITLE	ST	5.1 TITLE	ST	☒ Change ☐ Addition
NAME	FUCHS, JAMES	5.2 NAME	JAMES FUCHS	A001455
STREET ADDRESS	10497 NW 3RD STREET	5.3 STREET ADDRESS	856 NW 164 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	P. PINES. FL.	
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTOPOLI, JOSEPH	6.2 NAME		
STREET ADDRESS	10011 S.W. 7TH CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	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)(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: James Fuchs JAMES FUCHS 2-2-95 305-437-4278
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

004067