

# 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 # **N16988** (0)

1. Corporation Name

**SOUTH FLORIDA CLAIMS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O RONALD P. PONZOLI  
3250 MARY ST., SUITE 302  
MIAMI FL 33133

C/O RONALD P. PONZOLI  
3250 MARY ST., SUITE 302  
MIAMI FL 33133

3. Date Incorporated or Qualified

**09/24/1986**

3a. Date of Last Report

**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2646500**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONZOLI, RONALD P.  
3250 MARY ST.  
SUITE 302  
MIAMI FL 33133

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 **VD** ☐ DELETE  
NAME **SCHULTZ, MIKERY**  
STREET ADDRESS **8600 NW 53RD TERR. #120**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ DELETE  
NAME **BERQUIST, MARY**  
STREET ADDRESS **6512 HOLLYWOOD BLVD**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **TD** ☐ DELETE  
NAME **JUNCADELIA, STEVE**  
STREET ADDRESS **790 N.W. 107TH AVE., #300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PD** ☐ DELETE  
NAME **DAVIS, BOB**  
STREET ADDRESS **390 W. 22ND STREET**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ DELETE  
NAME **FARMS, JOSEPH**  
STREET ADDRESS **790 N.W. 107TH AVE., #300**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Joseph P. Farms*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-9-6 305 552-7121  
Date Daytime Phone

CR2E037 (12/95)