

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

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95 FEB 17 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17101

(9)

1. Corporation Name

FLORIDA ROMANCE WRITERS, INC.

Principal Place of Business

Mailing Address

C/O PAM MANTOVANI
9760 SW 9 CT
PEMBROKE PINES FL 33025
US

C/O PAM MANTOVANI
9760 SW 9 COURT
PEMBROKE PINES FL 33025
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

76-0237716

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 C/O Pam Mantovani

26 C/O Pam Mantovani

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 491 SW 168th Ave

27 491 SW 168th Ave

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33324

25 Broward

29 33324

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANTOVANI, PAM
9760 SW 9 COURT
PEMBROKE PINES FL 33025

81 Name

MANTOVANI, Pam

82 Street Address (P.O. Box Number is Not Acceptable)

491 SW 168th Avenue

83

84 City

Ft. Lauderdale

FL

85

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MANTOVANI, PAM

STREET ADDRESS

9760 SW 9 COURT

CITY - ST - ZIP

PEMBROKE PINES FL

TITLE

VD

NAME

KOSKI, SUSAN MCCONNEL

STREET ADDRESS

2000 N. CONGRESS AVE. #6

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

TD

NAME

MARGARINO, CONI

STREET ADDRESS

1671 COLLINS AVE RM NO 600

CITY - ST - ZIP

MIAMI BCH FL

TITLE

SD

NAME

WASHBURN, JAN

STREET ADDRESS

4693 SW 19 ST

CITY - ST - ZIP

FT. LAUDERDALE F

TITLE

SD

NAME

COHEN, NANCY

STREET ADDRESS

7200 S.W. 6 STREET

CITY - ST - ZIP

PALANTATION FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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:

Pam Mantovani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-95

Date

(305) 384-9060

Telephone Number