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 # N17101 (9)

1. Corporation Name

FLORIDA ROMANCE WRITERS, INC.

Principal Place of Business	Mailing Address
C/O PAM MANTOVANI 491 SW 168 AVE FT. LAUDERDALE FL 33326 US	C/O PAM MANTOVANI 491 SW 168 AVE FT. LAUDERDALE FL 33326 US

3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business
21 Susan McConnell Koski
Suite, Apt. #, etc.: 22 2000 N. Congress Ave. #6
City & State: 23 West Palm Beach, FL
Zip: 24 33409 Country: 25 Palm Beach

2a. Mailing Address
26 Susan McConnell Koski
Suite, Apt. #, etc.: 27 P.O. Box 7358
City & State: 28 Lake Worth, FL
Zip: 29 33466-7358 Country: 30 Palm Beach

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

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

9. Name and Address of Current Registered Agent

MANTOVANI, PAM
491 SW 168 AVE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: Susan McConnell Koski
82 Street Address (P.O. Box Number is Not Acceptable): 2000 No. Congress Ave. #6
83
84 City: West Palm Beach, FL 85 Zip Code: 33409

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: Susan McConnell Koski — Susan McConnell Koski — 3/7/96
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	PD	☐ DELETE	11 TITLE	President /Director	☒ Change ☐ Addition
NAME	MANTOVANI, PAM		12 NAME	Susan McConnell Koski	
STREET ADDRESS	491 SW 168 AVE		13 STREET ADDRESS	2000 No. Congress Ave. #6	
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	VD	☐ DELETE	21 TITLE	Vice President /Director	☒ Change ☐ Addition
NAME	KOSKI, SUSAN MCCONNEL		22 NAME	Linda Harper Hill	
STREET ADDRESS	2000 N. CONGRESS AVE. #6		23 STREET ADDRESS	980 Woodland Ave.	
CITY-ST-ZIP	WEST PALM BEACH FL		24 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	TD	☐ DELETE	31 TITLE	Treasurer /Director	☒ Change ☐ Addition
NAME	MARGARINO, CONI		32 NAME	Judi Butler	
STREET ADDRESS	1671 COLLINS AVE RM NO 600		33 STREET ADDRESS	6448 Country Fair Circle	
CITY-ST-ZIP	MIAMI BCH FL		34 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	☐ DELETE	41 TITLE	Secretary (Recording)/Director	☐ Change ☐ Addition
NAME	WASHBURN, JAN		42 NAME	Jan Washburn	
STREET ADDRESS	4693 SW 19 ST		43 STREET ADDRESS	4693 SW 19 Street	
CITY-ST-ZIP	FT. LAUDERDALE F		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33317	
TITLE	SD	☐ DELETE	51 TITLE	Secretary (Corresponding)/Director	☒ Change ☐ Addition
NAME	COHEN, NANCY		52 NAME	Joan Hammond	
STREET ADDRESS	7200 S.W. 6 STREET		53 STREET ADDRESS	1459 NE 63rd Court	
CITY-ST-ZIP	PALANTATION FL		54 CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 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: Susan McConnell Koski — 3/7/96 — 407-684-3651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan McConnell Koski

CR2E037 (12/95)