FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # **N19293** **(2)**

1. Corporation Name

THE FLORIDA ASSOCIATION OF BUSINESS & HEALTH COALITIONS, INC.

Principal Place of Business	Mailing Address
1111 N. WESTSHORE BLVD. SUITE 608 TAMPA FL 33607-4702	1111 N. WESTSHORE BLVD. SUITE 608 TAMPA FL 33607-4702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0133430 ☐ 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 — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

FRANK M. BROCATO
1111 N. WESTSHORE BLVD.
SUITE 608
TAMPA FL 33607

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: Frank M. Brocato, Treasurer - Director 3/25/95
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	11 TITLE		☐ Change ☐ Addition
NAME	PIATEK, EUGENE, S	12 NAME		
STREET ADDRESS	6637 SUPERIOR AVE., STE. C.	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	JFORZA, JOHN, Delete	22 NAME		
STREET ADDRESS	3900 N.W. 79TH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	FRANK M. BROCATO,	32 NAME		
STREET ADDRESS	1111 N. WESTSHORE BLVD #608	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	SFORZA, JOHN Delete	42 NAME		
STREET ADDRESS	3900 N.W. 79TH AVE. SUITE 457	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	PIATEK, EUGENE S	52 NAME		
STREET ADDRESS	6637 SUPERIOR AVE STE C	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Frank M. Brocato - Frank M. Brocato 3/25/95 (813) 281-5665
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Treasurer / Director