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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24404

1. Corporation Name

SOUTH FLORIDA THEATRE OF THE DEAF, INC.

Principal Place of Business

1350 E. SUNRISE BLVD.
STE. 126
FORT LAUDERDALE FL 33304
US

Mailing Address

1350 E. SUNRISE BLVD.
STE. 126
FORT LAUDERDALE FL 33304
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

Country

3. Date Incorporated or Qualified

01/19/1988

4. FEI Number

65-0037567

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

9. Name and Address of Current Registered Agent

MARGULIS, STEPHEN
841 SW 72ND AVE
PLANTATION FL 33317

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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ROBYN		1.2 NAME	Gill, Linda	
STREET ADDRESS	800 PARK VIEW DR., #115		1.3 STREET ADDRESS	303 N. Atlantic Blvd.	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33304	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BARRON K		2.2 NAME		
STREET ADDRESS	2460 OAK GARDEN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, KENNETH D		3.2 NAME		
STREET ADDRESS	400 SE 8TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGULIS, STEPHEN		4.2 NAME		
STREET ADDRESS	841 SW 72ND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION F 3331		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEET, J. L		5.2 NAME		
STREET ADDRESS	1965 SACRAMENTO		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Margulis, Sec'y/Treas. 3/31/99 954-797-0672

Date

Daytime Phone #

CR2E037-(4/1/98)