FILE NOW: FILING: FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N26021

(8)

THE \$25,000.00 HOMESTEAD TAX EXEMPTION LEAGUE OF FLORIDA, INC.

FLORIDA, INC.					
Principal Place of Business 490 NE 2ND AVE #1202 ROOM		490 NE 2ND AVE	ease Send 11 mail 40 cnu Pawlotto	THE REPORT OF THE PROPERTY OF	
MIAMI FL 331	132	MIAMI FL 33132	THE PERSONS	3. Date Incorporated or Qualified 04/21/1988	3a. Date of Last Report 04/06/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt, #, etc.		NOT APPLICABLE	Not Applicable Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to rees
Zip	Country	Zip ,	Country $ u$	8. This corporation has liability for int Florida Statutes	langible tax under s. 199.032, Yes □ No
24	25 9. Name and Address of Current		301	10. Name and Address of New Re	
	1	P. C.	81 Name	1. maurice	Ferroof
	and the same of th		82 Street Addre	ess (P.O. Box Number is Not Acceptable).
-8000 0.	2000	* .	/ 490	DN.E. 200 AUE -	<i>‡ 1202</i>
0577		;	83		
Alle Will H.		•	84 City U	14.4.	FI 85 Zio Code 22
11 Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes.	the above-named corpora	tion submits this statement for the purp	ose of changing its registered office
or register	red agent, or both, in the State of Florid th, and accept the obligations of, Secti	a. Such change was auth oriz ed	by the corporation's board	d of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE	maus a	יפרו מפ	. 1 ,		
SIGNATURE .	Signature, typed or printed name of registered agent of		Registered Agent signature required		DATE DIDECTORS IN 10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	P PARAMETER POLICE	DELETE	1.1 TITLE		D quande D yourdu
NAME	FANNOTTO, ERNY		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	#1202, 490 NE 2ND AVE.		1.4 CITY+ST-ZIP		
CITY+ST-ZIP TITLE	MIAMI FL D	DELETE	21 TITLE		Change Addition
NAME	BRETTHAUER, KATHERINE	_	22 NAME		
STREET ADDRESS	1525 SW 14TH STREET		2 3 STREET ADDRESS		
CHTY-\$1-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE	D	□ DELETE	3.1 TITLE		Change Addition
NAME	BENEDETTO, TONY		3.2 NAME		
STREET ADDRESS	905 E. 20TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	DELETE	3.4. CITY-\$T-2IP 4.1 TITLE		Change Addition
TITLE NAME	D GOODRICH, S. JERRY		4. 2 NAME	800000180	
STREET ADDRESS	7875 SW 40TH STREET		4.3 STREET ADDRESS	-05/01/96010:	
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - 7IP	***61.25	-CAV
TITLE	D	DELETE	5.1 TITLE	, , ,	Charlige Addition
NAME	GORDON, VANESSA		5.2 NAME		\mathcal{L}
STREET ADDRESS	9370 E.BAYHARBOR DR.#6A		5.3 STREET ADDRESS	\	
CITY+ST-ZIP	MIAMI BEACH FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	VI.	Change Addition
TITLE			6.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME STREET ADDRESS			6.3 STREET ADDRESS	•	\cup
CITY ST. 7IP			6.4 City-St-7IP	,	

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:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

374-2274

Daytime Phone #

CD0E007 (49)