

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26174 (5)
1. Corporation Name
THE MICO ALUMNI ASSOCIATION OF SO. FLA. INC.

Principal Place of Business

P O BOX 17855
PLANTATION FL 33318

Mailing Address

P O BOX 17855
PLANTATION FL 33318



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLARKE, CLEVELAND O
7360 N.W. 14TH STREET
PLANTATION FL 33313

3. Date Incorporated or Qualified

04/29/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0139620

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

10. Name and Address of New Registered Agent

81

Name

LINDSAY, SHIRLEY

82

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

6650 SW 5th St

83

84

City

PEMBROKE PINES

FL

85

Zip Code

33023

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

Lindsay Shirley

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

(NOTE: Registered Agent signature required when reinstating)

6/24/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

CLARKE, CLEVELAND O
7360 N.W. 14TH STREET
PLANTATION FL 33313

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

☐ DELETE

NAME

BENNIE, EDGAR
5950 S.W. 151ST. COURT
MIAMI FL 33193

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

☐ DELETE

NAME

CRAWFORD, SANDRA
33355 S.W. 16TH CT #304
PEMBROKE PINES FL 33027

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

☐ DELETE

NAME

JARRETT, RANSFORD E.
2330 N.W. 37TH AVE.
LAUDERDALE FL 33311

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

LINDSAY SHIRLEY

6650 SW 5th St

PEMBROKE PINES FL 33023

LOBBAN, RUBY

7321 NW 35th St

LAUDERDALE FL 33319

KENNEY, JEAN

7916 CORAL BLVD.

MIRAMAR FL 33023

FRANCIS RAYMOND

1311 SW 98 Ave

PEMBROKE PINES FL 33025

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

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:

Francis Raymond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS 6-21-96 954-4372934

Date

Daytime Phone #

CR2E037 (3/96)