FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27978

1. Corporation Name

PROFESSIONAL FIREFIGHTERS & PARAMEDICS OF DELRAY BEACH, LOCAL 1842, I.A.F.F., INC.

Principal Place of Business
P.O. BOX 583
DELRAY BEACH FL 33447-75

Mailing Address

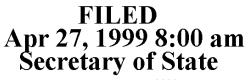
2a. Mailing Address

US

2. Principal Place of Business

P.O. BOX 583 DELRAY BEACH FL 33447-7583

26



04-27-1999 90074 031 ****61.25



3. Date Incorporated or Qualifed

08/22/1988

Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2291768 23-7080387			App	led For	
22	27				59-220	1708 25-104	8030/	Not	Applicable	
City & Slat	⊢ , '			5. Certificate of		of Status Desired		\$8.75 A Fee Red	í	
23		28							:	
Zip	Country	⊢ ¬	Zip Country			6. Election Campaign Financing \$5.00 May Be				
24	25 29 30			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					Fees	
	9. Name and Address of Current f	Registered Agent			10. Name an	d Address of New	Registered A	gent		
			81	Name					!	
MIERZWA, MATTHEW J., JR 3900 WOODŁAKE BLVD				82 Street Address (P.O. Box Number is Not Acceptable) 83						
LAKE WORTH FL 33463				City				85 Zip C	ode	
							<u> </u>	14		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named or rporation 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 Standard, toped or printed me me of registered agent and title it applicable. (NOT). Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed as ne of registered agent a		13.	signature requ		S/CHANGES TO OF		DIRECTOR	₹S IN 12	
	OFFICERS AND	DELETE	1.1 TITLE					Change	Addition	
TIFLE	PD	C) percie	1.2 NAME	ì						
NAME	TABEEK, JAMES H								}	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP	DELRAY BCH FL 33447-7583		1.4 CITY-ST	-ZIP				Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE					☐ Change	[] Addition	
NAME	MURPHY, RICHARD H		2.2 NAME	1					1	
STREET ADDRESS			2.3 STREET	ADDRESS						
CITY-ST-ZIP	DELRAY BCH FL 33447-7583		2.4 CITY-\$	T-ZIP						
TITLE	VD	☐ DELETE	31 TITLE	-				Change	☐ Addition	
NAME	ADAMS, WILLIAM S		3.2 NAME							
STREET ADDRESS	501 W ATLANTIC AVE		3.3 STREET	ADDRESS						
CITY-ST-ZIP	DELRAY BCH FL 33447-7583		3.4. CITY+S	T-ZIP						
TITLE	S	☐ DELETE	4.1 TITLE					Change	Addition	
NAME	WISE, MICHAEL		4. 2 NAME							
STREET ADDRESS	501 W ATLANTIC AVE		4.3 STREET	ADDRESS						
CITY-ST-ZIP	DELRAY BCH FL 33447-7583		4.4 CITY-ST	-ZIP						
TITLE		DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					}	
TITLE		DELETE	6.1 TITLE					Change	Addition	
		— "	6.2 NAME					•		
NAME OTDEET + DODGOO			6.3 STREET	ADDRESS						
STREET ADDRESS									1	
CITY-ST-ZIP		46 - 415 - 400 - 400	6.4 CITY-S1		0 - 4 - 440 07/0	Vi) Elecido Statutos	16.45.4	5 . 45 a4 45 a 1	formation	

in unis ming dues not quality or the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an yer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in I hereby certify that the information supplied with this filling does not quali indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an attac

SIGNATURE:

CR2E037 (11/98)