

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31219 (1)

1. Corporation Name

MEETING PROFESSIONALS INTERNATIONAL - SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business

5850 SW 53 TERR.
MIAMI FL 33155
US

Mailing Address

5850 SW 53 TERR.
MIAMI FL 33155
US



3. Date Incorporated or Qualified
03/16/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, MICHAEL E
5850 SW 53 TERR
MIAMI FL 33155

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
NAME FLYNN, MICHAEL E
STREET ADDRESS 5850 SW 53RD TERR.
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DOBSZ, PATRICIA
STREET ADDRESS 9964 SW 1ST CT.
CITY-ST-ZIP DORAL SPRINGS FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME REILLY, PATRICIA
STREET ADDRESS 1700 S. OCEAN LN.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

3.1 TITLE D P
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME PAYTON, BETTY
STREET ADDRESS 400 NW 20TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME LARKIN, ELLEN
STREET ADDRESS 5240 NW 163RD ST.
CITY-ST-ZIP MIAMI LAKES FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RAMY BOORAM
STREET ADDRESS 200 E. LAS OLAS BLVD A1500
CITY-ST-ZIP FT. LAUDERDALE FL 33301

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BETTY PAYTON, TREASURER

4/23/96 254-565-4972
Date Day/Time Phone #

CR2E037 (12/95)