

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

5850 SW 53 TERR.  
MIAMI FL 33155  
US5850 SW 53 TERR.  
MIAMI FL 33155-6336  
US3. Date Incorporated or Qualified  
03/16/19893a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 7050 W. 2nd LN.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 MIAMI, FL

28

Zip

Country

Zip

Country

24 33014-5314

25

USA

29

30

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

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

LELCHUK, RICHARD H.

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

5240 N.W. 163 St.

83

84 City

MIAMI

FL

85 Zip Code

33014-6226

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

RICHARD H. LELCHUK

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, MICHAEL E	
STREET ADDRESS	5850 SW 53RD TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	REILLY, PATRICIA	
STREET ADDRESS	1700 S. OCEAN LN.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PAYTON, BETTY	
STREET ADDRESS	400 NW 20TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARKIN, ELLEN	
STREET ADDRESS	5240 NW 163RD ST.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOROM, RAMY	
STREET ADDRESS	200 E LAS OLAS BLVD, #1500	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD H. LELCHUK	
1.3 STREET ADDRESS	5240 N.W. 163 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL 33014-6226	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATRICIA REILLY	
2.3 STREET ADDRESS	1700 S. OCEAN LN.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHELE THOMPSON	
3.3 STREET ADDRESS	3030 HOLIDAY DR.	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARKIN, ELLEN	
4.3 STREET ADDRESS	5240 NW 163 St	
4.4 CITY-ST-ZIP	MIAMI, FL 33014-6226	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE: RICHARD H. LELCHUK, PRES. 1/12/97 305/624-6247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031046

CR2E037 (9/96)