

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 # N34822

(9)

1. Corporation Name

OUR FATHER'S BUSINESS, INC.

Principal Place of Business

Mailing Address

% BROWN, GREGORY
215 SW 12TH ST
DANIA FL 33004-4229

% BROWN, GREGORY
215 SW 12TH ST
DANIA FL 33004-4229



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
10/23/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0153793

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, GREGORY C
215 SW 12 ST
DANIA FL 3300

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

Gregory C Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **ST BROWN, CANDELARIA,**
STREET ADDRESS **215 SW 12 ST.**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ DELETE
NAME **D ERLSTEN, CECILE M**
STREET ADDRESS **3101 NE 47 CT**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **PD BROWN GREGORY,**
STREET ADDRESS **215 SW 12 ST.**
CITY-ST-ZIP **DANIA FL 33004-4229**

TITLE ☐ DELETE
NAME **D RICHITELLI, SCOTT**
STREET ADDRESS **7786 PANAMA ST**
CITY-ST-ZIP **MIRAMAR FL 33021**

TITLE ☐ DELETE
NAME **D MOONS, TERRENCE**
STREET ADDRESS **4200 NW 3RD CT #226**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D TENNY, LLOYD**
1.3 STREET ADDRESS **20547 OLD CUTLER ROAD**
1.4 CITY-ST-ZIP **MIAMI, FL. 33181**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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 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:

Gregory C Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

(954) 922-7461

CR2E037 (12/95)