

# 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 # **N35721** (2)  
1. Corporation Name

**MIAMI BEACH JAYCEES OF FLORIDA, INC.**



Principal Place of Business: 622 S.W. 1ST STREET MIAMI FL 33130-8204  
Mailing Address: 622 S.W. 1ST STREET MIAMI FL 33130-8204

3. Date Incorporated or Qualified: 12/18/1989  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0236960  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**ROSSER, DAVID**  
720 NORTH SHORE DRIVE  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, and City/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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	COHEN, MARTIN	
STREET ADDRESS	622 SOUTHWEST FIRST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARNET, MARC	
STREET ADDRESS	15561 SOUTHWEST 48 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROSENSTEIN, JILL	
STREET ADDRESS	8974 BAY DRIVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, SCOTT	
STREET ADDRESS	1842 NORTHEAST 187 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSSER, DAVID	
STREET ADDRESS	720 NORTH SHORE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DESSUP, DANIEL	
STREET ADDRESS	4800 PINETREE DRIVE, SUITE 101	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

SIGNATURE: MARTIN COHEN 4/23/96 305 545-0567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)