

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
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MAY - 1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **N37805** (1)
1. Corporation Name:
RIO BLANCO TOWNHOMES ASSOCIATION, INC.

Principal Place of Business Mailing Address
2721 NE 15TH STREET FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0234330** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
State, Apt #, etc. State, 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
**JONES, GARY B.
2721 NE 15TH STREET
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature of Current Registered Agent and Florida Representative) (Signature of Registered Agent, legal or non-lawyer, handling this)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEFER, JOHN W	12 NAME	
STREET ADDRESS	2715 NE 15TH ST	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, VICKI	22 NAME	CAPLAN, VICKI
STREET ADDRESS	2719 NE 15TH ST	23 STREET ADDRESS	2719 N.E. 15th St.
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	Ft. Lauderdale, FL 33304
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY B.	32 NAME	
STREET ADDRESS	2721 NE 15TH STREET	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	STD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JILL S	42 NAME	
STREET ADDRESS	2721 NE 15TH ST	43 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jill S. Jones* Sec. Treas. *4/26/95 305/505-0531*
SIGNATURE AND TITLE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
JILL S. JONES

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

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MAY - 1 AM 9:25

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38075 (0)
1. Corporation Name
THE FOUNDATION FOR PHYSICAL SCIENCES, INC.

Principal Place of Business Mailing Address
770 SOUTH PALM AVENUE SARASOTA FL 34236 **1858 RINGLING BLVD. SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1990** 3a. Date of Last Report **10/24/1994**
4. FEI Number **65-0196350** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**SEITL, WAYNE F.
240 N. WASHINGTON BLVD.
SUITE 460
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ARMEL, JACK 770 SOUTH PALM AVENUE SARASOTA FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE STD	ARMEL, HELEN 770 SOUTH PALM AVENUE SARASOTA FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE D	HERTZ, LAWRENCE 770 SOUTH PALM AVENUE SARASOTA FL	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(A), Florida Statutes. I further certify that the information indicated in this annual report or supplementary 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 trustee or trustee empowered to execute the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attached sheet with an address.

SIGNATURE: *Wayne F. Seitel* **4/27/95 (813) 365 0794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

DOCUMENT # N38387 (9)

1. Corporation Name

**ADOLESCENT PRIMARY PREGNANCY PREVENTION LEARNING
ENRICHMENT PROJECT, INC.**

95 MAY - 1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
150 NW 79 ST MIAMI FL 33150 **150 NW 79 ST MIAMI FL 33150**

3. Date Incorporated or Qualified 05/30/1990	3a. Date of Last Report 02/14/1994
4. FEI Number 65-0200458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Sute, Apt. #, etc.	26 Sute, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
**JONES, MATTYE
8975 NW 1 AVE
EL PORTAL FL 33150**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Title or printed name of registered agent and the 1 appropriate officer or director) _____ (Signature, printed name and title of registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBOLD, MAUDE P.	12 NAME	
STREET ADDRESS	1070 NW 39 ST	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAULKMAN, MARGARET P.	22 NAME	
STREET ADDRESS	2494 NW 112 ST	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, BEVERLY E.	32 NAME	
STREET ADDRESS	2927 NW 57 ST	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 110.07(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 attached file with an address.

SIGNATURE: *Maud P. Newbold*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
MAUDE P. NEWBOLD

3/23/95
Date