FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:31

DOCUMENT # N38171 (7)

1. Corporation Name

SOUTH MIAMI FRATERNAL ORDER OF POLICE LODGE NO. 136, INC.

Principal Place of Business	Mailing Address
P.O. BOX 430621 SOUTH MIAMI FL 33243-0621	P.O. BOX 430621 SOUTH MIAMI FL 33243-0621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 07/27/1994
4. FEI Number: 65-0117148 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

9. Name and Address of Current Registered Agent

KARCHER, DAVID
6130 SUNSET DRIVE
SOUTH MIAMI FL 33143

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	LAW ENFORCEMENT ☐ Change ☐ Addition
NAME	FATOOL, WILLIAM	1.2 NAME	N/A
STREET ADDRESS	11300 S.W. 46 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	LAW ENFORCEMENT ☐ Change ☐ Addition
NAME	EDWARDS, OLIVER	2.2 NAME	N/A
STREET ADDRESS	26172 S.W. 123 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	LAW ENF. ☐ Change ☐ Addition
NAME	MASONIS, A. MARK	3.2 NAME	N/A
STREET ADDRESS	5825 S.W. 116 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	LAW ENFORCEMENT ☐ Change ☐ Addition
NAME	~~MILLER, ROGER~~ TOMAS RATNER	4.2 NAME	N/A
STREET ADDRESS	~~11311 S.W. 48 ST~~ P.O. Box 792	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33165~~ MIAMI, FL 33243	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	REMITTED BY MAY 1 ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: T. H. RATNER, SECRETARY 4/21/95 305-666-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072644