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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARCHER, DAVID  
6130 SUNSET DRIVE  
SOUTH MIAMI FL 33143

81 Name

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

83

84 City

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FATOOL, WILLIAM  
STREET ADDRESS 11300 S.W. 46 ST.  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VD  
NAME EDWARDS, OLIVER  
STREET ADDRESS 26172 S.W. 123 PLACE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE T  
NAME REMMEN, ROBERT  
STREET ADDRESS 6130 SUNSET DR  
CITY-ST-ZIP SOUTH MIAMI FL

☒ DELETE

TITLE P  
NAME RATNER, THOMAS  
STREET ADDRESS P OBOX 792  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

LUIS A. FOSSE  
PRESIDENT - DIR.  
6130 SUNSET DR.  
S. MIAMI, FL 33143

☒ Change ☐ Addition

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

REUBEN RODRIGUEZ  
VICE PRES - DIR  
6130 SUNSET DR.  
S. MIAMI, FL 33143

☒ Change ☐ Addition

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

TREASURER - DIR.  
FRANK GILBERT  
6130 SUNSET DR.  
S. MIAMI, FL 33143

☒ Change ☐ Addition

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

DIRECTOR  
THOMAS RATNER  
P.O. BOX 792  
S. MIAMI, FL 33243

☒ Change ☐ Addition

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

SECRETARY  
A. MARK MASONIS  
6130 SUNSET DR.  
S. MIAMI, FL 33143

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

824/2

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 2 2 98 30661-3639

CR2E037 (10/97)