

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 # N38222 (8)

1. Corporation Name

CARPENTERS LOCAL UNION NO. 130 HOLDING CORPORATION, INC.



Principal Place of Business

Mailing Address

**1810 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33409**

**1810 OLD OKEECHOBEE ROAD
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

05/18/1990

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0356006

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**SUSSKIND, HOWARD
5959 BLUE LAGOON DRIVE
SUITE 150
MIAMI FL 33126**

81 Name

Susskind, Howard

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

2801 Ponce de Leon Blvd.

83 Suite

Suite 501

84 City

Coral Gables

FL

85 Zip Code

33134

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERVALS, MARK	
STREET ADDRESS	515 LINDEN LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEIFFER, DONALD	
STREET ADDRESS	6201 SANATA CATALINA LOT 59	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, JAMES R	
STREET ADDRESS	564 FERGUSON LANE	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	FST	<input type="checkbox"/> DELETE
NAME	SEIDEL, DANIEL T.	
STREET ADDRESS	2674 S. W. CAMEO BLVD.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONEILL, CHRISTOPHER T.	
STREET ADDRESS	1273 NW 7TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, BRUCE T.	
STREET ADDRESS	1092 JOY RENE LANE #1	
CITY-ST-ZIP	JUNO FL	

13.

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gervais, Mark	
1.3 STREET ADDRESS	515 Linden Lane	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
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	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spikula, Kenneth	
3.3 STREET ADDRESS	13407 42nd. Road N	
3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
4.1 TITLE	FST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Seidel, Daniel T.	
4.3 STREET ADDRESS	2674 SW Cameo Blvd.	
4.4 CITY-ST-ZIP	Port St. Lucie, FL 34953	
5.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	O'Neill, Christopher T.	
5.3 STREET ADDRESS	1273 NW 7th. St.	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432	
6.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Reidy, Stephen T.	
6.3 STREET ADDRESS	3782 Park Lane	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33406	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-96 686-2626

CR2E037 (12/95)