

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41129** (0)

1. Corporation Name

**FLORIDA'S IDLE RETIRED EX-SMOKE EATERS, F.I.R.E.
S. INC.**

Principal Place of Business

Mailing Address

**10500 N. MILITARY TRAIL
PALM BEACH GARDENS FL 33410**

**10500 N. MILITARY TRAIL
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	12/07/1990
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	65-0177930
24. Country	29. Country	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. Is this nonprofit corporation a homeowners association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALM BEACH GARDENS FIRE DEPARTMENT, INC. 10500 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410	81. Name
	82. Street Address (P.O. Box Number Is Not Acceptable)
	83.
	84. City
	85. 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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSAY, ALBERT	1.2 NAME	
STREET ADDRESS	1014 STILLWATER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALESKI, JOSEPH	2.2 NAME	
STREET ADDRESS	2804 CROSLY DR. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGORINI, CHARLES	3.2 NAME	SECRETARY
STREET ADDRESS	1004 10TH EAVE	3.3 STREET ADDRESS	ALBERT M. FAZIO
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	3006 SW MARJOSA CIR DE
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	70000247304
NAME	KOPEJZNA, DONALD J	4.2 NAME	-03/31/98--01022--011
STREET ADDRESS	7879 WILLOW SPRING DR	4.3 STREET ADDRESS	***\$61.25
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	2ND VICE PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	ROBERT DELGIPANTE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	101 DOLAN COURT APT 212B
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	NORTH PALM BEACH, FLORIDA 33408
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

ALBERT M. FAZIO SEC. 3/18/98 561-286-0494

CR2E037 (10/97)