

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 # **N42193 (5)**
1. Corporation Name

POST POLIO SYNDROME SUPPORT GROUP OF GREATER FORT LAUDERDALE, INC.



Principal Place of Business: 3208 CARMABOLA CIR. #C2909 SOUTH COCONUT CREEK FL 33066
Mailing Address: 3208 CARMABOLA CIR. #C2909 SOUTH COCONUT CREEK FL 33066

3. Date Incorporated or Qualified: **02/20/1991**
3a. Date of Last Report: **08/10/1995**
4. FEI Number: **65-0254465**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: **GOLDBERG, JULIUS 105 E CLAIRMONT AVE. SUNRISE FL 33313**
10. Name and Address of New Registered Agent (81-85) details.

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: *Julius Goldberg* (1/28/96) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: [] DELETE	NAME: RAPHAEL, HAROLD	11 TITLE:	Julius Goldberg [] Change [] Addition
STREET ADDRESS: 3208 CARMABOLA CIR	CITY-ST-ZIP: S COCONUT CREEK FL	12 NAME:	10310 E CLAIRMONT CIR. #108
	← DIRECTOR	13 STREET ADDRESS:	TAMARAC FL 33321
TITLE: [] DELETE	NAME: FORD, PAT	21 TITLE:	EMANUEL BRUDO [] Change [] Addition
STREET ADDRESS: 3012 SW 51 ST	CITY-ST-ZIP: FT. LAUDERDALE FL	22 NAME:	10368 NW 24 PL
	← DIRECTOR	23 STREET ADDRESS:	SUNRISE FL 33320
TITLE: [] DELETE	NAME: BEHLER, EUNICE	24 CITY-ST-ZIP:	2nd Vice Pres. 2/1/96
STREET ADDRESS: 1791 NW 60TH AVE.	CITY-ST-ZIP: SUNRISE FL 33313	31 TITLE:	PAULA FRAMMOSI [] Change [] Addition
		32 NAME:	11216 Spring Circle Drive
TITLE: [] DELETE	NAME: BRUDO, DOROTHY	33 STREET ADDRESS:	West Springs FL 33071
STREET ADDRESS: 10368 NW 24 PL	CITY-ST-ZIP: SUNRISE FL	34 CITY-ST-ZIP:	F-DIRECTOR
		41 TITLE:	[] Change [] Addition
TITLE: [] DELETE	NAME: GOLDBERG, JULIUS	42 NAME:	
STREET ADDRESS: 10310 CLAIRMONT CIR.	CITY-ST-ZIP: TAMARAC FL 33321	43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: [] DELETE	NAME:	51 TITLE:	[] Change [] Addition
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE: [] DELETE	NAME:	61 TITLE:	[] Change [] Addition
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	500001874355
		63 STREET ADDRESS:	-06/25/96--01034--019
		64 CITY-ST-ZIP:	***\$1.25

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: *Julius Goldberg* (4/28/96) DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
305 700 3709 DAYTIME PHONE #

CR2E037 (12/95)