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 # N42905 (2)

1. Corporation Name
FIRE RESCUE STATION #52, INCORPORATED

Principal Place of Business
4661 PHEASANT WAY
BOCA RATON FL 43396
US

Mailing Address
C/O STEVEN WARM
2101 CORPORATE BOULEVARD, SUITE 215
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified: 04/10/1991
3a. Date of Last Report: 03/20/1995

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

4. FEI Number: 65-0198612 — Applied For / ✓ Not Applicable
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

9. Name and Address of Current Registered Agent
WARM, STEVEN, ESQ
BOCA CORPORATE CENTER STE 215
2101 CORPORATE BLVD
BOCA RATON FL 33431

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 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	DS	☐ DELETE
NAME	ROTHCHILD DORTHY	
STREET ADDRESS	17517 VIA CAPRI	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	☑ DELETE
NAME	SCHEIDERMAN, MICHAEL	
STREET ADDRESS	4492 BOCAIRE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	☐ DELETE
NAME	SPEVACK, DANIEL	
STREET ADDRESS	17047 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	☐ DELETE
NAME	RUSSELL, SAMUEL	
STREET ADDRESS	17031 BOCA CLUB BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DT	☑ Change ☐ Addition
2.2 NAME	Schneiderman, Mike	
2.3 STREET ADDRESS	4492 Bocaire Blvd	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE	DP	☑ Change ☐ Addition
3.2 NAME	SPEVACK, DANIEL	
3.3 STREET ADDRESS	17047 BOCA CLUB BLVD #144B	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Daniel Spevack — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/10/96 Date — 407-994-2072 Daytime Phone #

CR2E037 (12/95)