

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 # **N43928** (3)

1. Corporation Name
WESTWOOD COMMUNITY 22 BEAUTIFICATION PROGRAM, INC.



Principal Place of Business: 7108 NW 89TH AVE TAMARAC FL 33321
Mailing Address: 7108 NW 89TH AVE TAMARAC FL 33321

3. Date Incorporated or Qualified: 06/14/1991
3a. Date of Last Report: 02/08/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0313608	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
30. Country			

9. Name and Address of Current Registered Agent	81. Name	10. Name and Address of New Registered Agent
KLAU, JACK 7108 NW 89TH AVE TAMARAC FL 33321	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 617.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERF, HAROLD	1.2 NAME	
STREET ADDRESS	8904 NW 72ND ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REALE, MINNIE	2.2 NAME	
STREET ADDRESS	7207 NW 92ND AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, DIANA	3.2 NAME	
STREET ADDRESS	7206 NW 92ND TER	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAU, JACK	4.2 NAME	
STREET ADDRESS	7108 NW 89TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: JACK KLAU, V.P. 1/25/96 954-720-7877
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)