

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44100** (8)

1. Corporation Name

M.B.P.D. RETIREES CORP.



Principal Place of Business

999 - 11TH STREET
MIAMI BEACH FL 33139

Mailing Address

999 - 11TH STREET
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
06/27/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 **914 W 66 Street.**

22 City & State

27 City & State

23 Zip Country

28 **HALEAH FLA**

24 Zip Country

29 **33012** 30 **USA**

4. FEI Number
65-0352549

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

IZZO, RICHARD
2320 JAMAICA DR.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name **JOSEPH F. BASLER**
82 Street Address (P.O. Box Number is Not Acceptable)
914 W. 66 STREET
83
84 City **HALEAH** FL 85 Zip Code **33012**

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 **Joseph F. Basler**

Secretary

3-18-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRANE, ALAN	
STREET ADDRESS	711 S HOLLYBROOK DR #310	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRESNER, LOUIS	
STREET ADDRESS	11930 N BAYSHORE DR #707	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASLER, JOSEPH	
STREET ADDRESS	914 WEST 66TH STREET	
CITY-ST-ZIP	HALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WARD, CARL	
STREET ADDRESS	1650 SW 71 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	922 SEVILLA CIRCLE
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FLA 33326
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph F. Basler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

Date

305-821 5124

Daytime Phone #

CR2E037 (12/95)