

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 # N50319

(5)

1. Corporation Name

AGAINST ALL ODDS, INC.



Principal Place of Business

Mailing Address

255 N. UNIVERSITY DR
PEMBROKE PINES FL 33024
US

255 N UNIVERSITY DR
PEMBROKE PINES FL 33024
US

3. Date Incorporated or Qualified

08/07/1992

3a. Date of Last Report

06/06/1995

2. Principal Place of Business

2a. Mailing Address

21 700 S. Hollybrook Dr.

26 700 S. Hollybrook Dr.

4. FEI Number

65-0422975

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

10. Name and Address of New Registered Agent

BOND, MORTON
% BUDGET OPTICAL
255 N. UNIVERSITY DR
PEMBROKE PINES FL 33024

81 Name

Morton Bond

82

Street Address (P.O. Box Number is Not Acceptable)

700 S. Hollybrook Dr.

83

84

City Pembroke Pines

FL

85 Zip Code

33024

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

Morton Bond

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GITLAN, RONALD
STREET ADDRESS 10992 N.W. SEVENTH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME BOND, MORTON
STREET ADDRESS 700 S. HOLLYBROOK DR
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE D
NAME FINKELSTEIN, ALAN
STREET ADDRESS 1024 NW 84TH DR
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE D
NAME GITLAN, RUTH
STREET ADDRESS 9404 NW 74TH ST
CITY-ST-ZIP TAMARAC FL

☐ DELETE

TITLE D
NAME ROSENTHAL, NAT
STREET ADDRESS 3521 ENVIRON BLVD., #303
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

TITLE D
NAME ROSENTHAL, MIRIAM
STREET ADDRESS 3521 ENVIRON BLVD., #303
CITY-ST-ZIP LAUDERHILL FL

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Ronald Gitlan

4/8/96

305-754-5894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)