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Apr 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N51036 (4)

1. Corporation Name

SOUTH FLORIDA FRIENDS OF JAZZ, INC.

Principal Place of Business

3851 NO 31 TERR
HOLLYWOOD FL 33021
US

Mailing Address

PO BOX 8020
HALLANDALE FL 33008-8020
US



3. Date Incorporated or Qualified
09/24/1992

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
65-0362690

Applied For
Not Applicable

6. 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

SCHNEIDER, ALAN B.
20803 BISCAYNE BLVD
STE 200
AVENTURA FL 33180

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 TD
NAME SCHNEIDER, JOEL A. MD
STREET ADDRESS 3851 N 31 TER
CITY- ST- ZIP HOLLYWOOD FL

☐ DELETE

TITLE SD
NAME REYNOLDS, MARJORIE
STREET ADDRESS 2701 NORTH OCEAN BOULEVARD
CITY- ST- ZIP FT LAUDERDALE FL

☐ DELETE

TITLE D
NAME MUCCIANO, STEPHANIE
STREET ADDRESS 20341 W. COUNTRY CLUB DRIVE
CITY- ST- ZIP AVENTURA FL

☒ DELETE

TITLE PD
NAME WEBER, RONALD B. M
STREET ADDRESS 10885 NW 5TH STREET
CITY- ST- ZIP PLANTATION FL

☐ DELETE

TITLE D
NAME GLASSER, ROBERT MD
STREET ADDRESS 2698 OAKMONT
CITY- ST- ZIP FT LAUDERDALE FL

☐ DELETE

TITLE D
NAME GLASSER, EVELYN
STREET ADDRESS 2968 OAKMONT
CITY- ST- ZIP FORT LAUDERDALE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME SY KAMERMAN
1.3 STREET ADDRESS 4126 INVERRARY BLVD.
1.4 CITY- ST- ZIP LAUDERHILL, FL 33319

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE PD
4.2 NAME WEBER, RONALD B. M.D.
4.3 STREET ADDRESS 10885 NW 5TH STREET
4.4 CITY- ST- ZIP PLANTATION, FL

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022508

CR2E037 (9/96)