

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 # N92000000011 (8)

1. Corporation Name

FLORIDA/NAADAC, INC.



Principal Place of Business

Mailing Address

**2117 HOLLYWOOD BLVD.
STE. #306
HOLLYWOOD FL 33020**

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STE. #306
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0490073

☒ Applied For
☐ Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

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

**MULLEN, JOHN J. J
1421 SOUTH OCEAN BLVD
#303
POMPAÑO BEACH FL 33062**

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

John J. Mullen, Jr.

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

(NOTE: Registered Agent Signature required when resigning)

8-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOKER, DONALD P	
STREET ADDRESS	7314 MAUNA LOA BLVD.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	PD P/C	<input type="checkbox"/> DELETE
NAME	MULLEN, JOHN J JR	
STREET ADDRESS	1421 S. OCEAN BLVD. #303	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUQUE, LINDA L	
STREET ADDRESS	2851 NE. 183RD ST., #2101	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POTERE, LINDA	
STREET ADDRESS	12037 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PEB V/D	<input type="checkbox"/> DELETE
NAME	LIND, LAURIE B.	
STREET ADDRESS	2564 NE MARIETTA ST	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	LOKER, DONALD P.	
STREET ADDRESS	7314 MAUNA LOA BLVD	
CITY-ST-ZIP	SARASOTA FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>TD Linda Potere</i>
4.3 STREET ADDRESS	<i>10236 NW 34th Ct.</i>
4.4 CITY-ST-ZIP	<i>Coral Springs, FL 33065</i>
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:

Linda K. Potere, TD LINDA K. Potere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

2/19/96 407-844-6400

CR2E037 (12/95)