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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT,  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N92000000011 (8)

1. Corporation Name

FLORIDA/NAADAC, INC.



Principal Place of Business

2117 HOLLYWOOD BLVD.  
STE. #306  
HOLLYWOOD FL 33020

Mailing Address

2117 HOLLYWOOD BLVD.  
STE. #306  
HOLLYWOOD FL 33020-6706

3. Date Incorporated or Qualified  
10/28/1992

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
65-0490073

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

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

81 Name

LAURIE B. LIND

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

2564 MARIETTA ST. NE.

83

84 City

Palm Bay

FL

85 Zip Code

32905

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 *Laurie B. Lind*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/18/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	MULLEN, JOHN J JR	
STREET ADDRESS	1421 S. OCEAN BLVD. #303	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	POTERE, LINDA	
STREET ADDRESS	10836 NW 34TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LIND, LAURIE B.	
STREET ADDRESS	2564 NE MARIETTA ST	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LOKER, DONALD P.	
STREET ADDRESS	7314 MAUNA LOA BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAURIE B. LIND	
1.3 STREET ADDRESS	2564 MARIETTA ST. NE.	
1.4 CITY-ST-ZIP	PALM BAY, FL 32905	
2.1 TITLE	PRESIDENT ELECT, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDA POTERE	
2.3 STREET ADDRESS	10836 N.W. 34th COURT	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
3.1 TITLE	SECRETARY, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOANN SUMMAGLIN	
3.3 STREET ADDRESS	8684 STATE RD 66	
3.4 CITY-ST-ZIP	20650 SPRINGS, FL 33890	
4.1 TITLE	TREASURER, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIANE JONES	
4.3 STREET ADDRESS	956 N. COCOA BLVD.	
4.4 CITY-ST-ZIP	COCOA, FL 32922	
5.1 TITLE	PAST PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN MULLEN JR	
5.3 STREET ADDRESS	1421 SOUTH OCEAN BLVD. #303	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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 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: *Laurie B. Lind*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97  
Date

407-768-8156  
Daytime Phone # 0021298

CR2E037 (9/96)