FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N9300000203 (0) DOCUMENT # 1. Corporation Name

FSFA, INC.

Principal	Place of	Business
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Mailing Address

4001 NORTH OCEAN DR.

4001 NORTH OCEAN DR.

LAUDERDALE BY THE SEA FL 33308

LAUDERDALE BY THE SEA FL 33308



					3. Ua	01/15/1993 Jac Date of Last Report 05/01/1995			
2. Principal Place of Business 2a. Mailing Address				(4. F£	Number OF 0000F04		Applied For	
21 4640	No. FEDERAL HY	26 4640 No.	teder	AL Hu	J	65-0380501	777.	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Ce	rtificate of Status Desired		75 Additional e Required	
23 FORT				6. Ele	Election Campaign Financing Trust Fund Contribution St.00 May Be Added to Fees				
Zip Country Zip				У	8. This corporation has liability for intangible tax under s. 199.032,				
24 FL 33308 25 29 3330 8 30 9, Name and Address of Current Registered Agent					Florida Statutes				
	a. Name and Address of Current	Registered Agent		Name	10. Na	me and Address of New Re	gistered Agent		
81 Name									
MEEROFF, JOSE C				82 Street Address (P.O. Box Number is Not Acceptable)					
4001 NORTH OCEAN DR.			ļ.,	464	O NO	rederat	Huy		
#204			83	50	ite.	C'	ŧ/		
LAUDERDALE BY THE SEA FL 33308				City			 85	Zip Gode	
44.0	A	***		FOR	+ CAU	ERDALE	FL ` `	Zio Code 33308	
or registeri	o the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	 Such change was authorized. 	the above- by the corp	named con poration's b	poration subnoard of direct	nits this statement for the purpoors. I hereby accept the appoir	ose of changing its ntment as registere	registered office ed agent. I am	
SIGNATURE _									
	Stynature, typed or printed name of registered agend as			of signature req	ured where reinstat		DATE		
12.	OFFICERS AND DPS		13.		ADI	DITIONS CHANGES TO OFFIC			
TITLE		□ DET € LE	11 TITLE				C hange	Addition	
NAME	MEEROFF, JOSE C		1.2 NAME			11. Endoral la	m OCI		
STREET ADDRESS	4001 N. OCEAN DR., #204	****	13 STREE	T ADDRESS	4640	NO LEGICIAL IN	0_		
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL		1.4 CITY -:	ST-ZIP	FORT	LAUDERDALE	FL 3.3	308	
TITLE	DVT	☐ DELETE	2 1 TITLE			No Federal H LANDERDALE No. Federal LANDERDALE	☐ Change	Addition	
NAME	MEEROFF, SUSANA B		2.2 NAME			No Enforce	W- 110 x		
STREET ADDRESS	4001 N. OCEAN DR., #204	****	2.3 STREET	T ADDRESS	4640	100. Tenedice	143		
CITY - ST - ZIP	LAUDERDALE BY THE SEA FL		2 4 CITY -	ST-71P	FORT	LAUDERDALE	FC 3:	300	
TITLE	DVT	☐ DELETE	3 1 TITLE				Change	Addition	
NAME	CROSBY, ROBERT,		3.2 NAME						
STREET ADDRESS	185 E. BAY ST. #301		3 3 STREET	ADDRESS					
CITY - ST - ZIP	CHARLESTON SC 29401		3.4 CiTy -	ST - 7iP					
TITLE		DELETE	4 1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	I AODRESS					
CHTY-ST-ZIP			4.4 CiTY - 9	ST - ZIP	-1.0				
TITLE		DELETE	5 1 TITLE				☐ Change	Addition	
NAME			5 2 NAM :						
STREET ADDRESS			5 3 STREET	ADDRESS					
CITY-ST-2IP			5.4 CITY - 5	S1 - ZIP					
TITLE		DELETE	6 1 TITLE				☐ Change	Addition	
NAME			6.2 NAM.:						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY - ST - ZIP			64 CITY S	ST-ZIP					
14. I do hereby certify that	certify that the information supplied with the information indicated on this annual	h this filing is voluntarily furnished	ed and doe	s not qualify	y for the exen	option stated in Section 119.07	(3)(k), Florida Statu	ites. I further	

certify that the information indicated on this armula report of 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.

JOSE C MEER OFF

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR