

FILE NOW: FILING FEE IS \$61.25

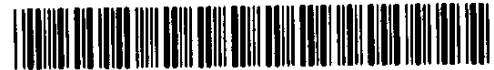
NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000001427 (4)**
1. Corporation Name

**GREATER BISCAYNE BOULEVARD BUSINESS ASSOCIATION
OF NORTH MIAMI, INC.**



Principal Place of Business
**C/O INTERCONTINENTAL BAK
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

Mailing Address
**C/O INTERCONTINENTAL BAK
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified **03/29/1993** 3a. Date of Last Report **06/14/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **65-0292868** 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

**COLLINS, EDIE
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

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 **D** ☐ DELETE
NAME **PATTON, WILLIAM**
STREET ADDRESS **13205 BISCAYNE BLVD.**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ DELETE
NAME **COLLINS, EDIE**
STREET ADDRESS **12700 BISCAYNE BLVD.**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☒ DELETE
NAME **HENSHAW, ROBERT**
STREET ADDRESS **12875 BISCAYNE BLVD.**
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☐ DELETE
NAME **MOROZ, BORIS**
STREET ADDRESS **16499 NE 19TH AVE., #212**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **delete**
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Michael Colongo**
5.3 STREET ADDRESS **1747 NE 124 ST**
5.4 CITY-ST-ZIP **N MIAMI FL 33181** ☐ Change ☐ Addition

6.1 TITLE
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 I 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 #

5-1-96 **891 0120**

CR2E037 (12/95)