

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000003590 (7)**

1. Corporation Name

DANIA HISTORIC ANTIQUE DISTRICT ASSOCIATION, INC



Principal Place of Business

Mailing Address

**19 N FEDERAL HWY
DANIA FL 33004**

**P.O. BOX 845
DANIA FL 33004-0845
US**

3. Date Incorporated or Qualified **08/09/1993** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDTSMAN, LINDA
3 N. FEDERAL HWY
DANIA FL 33004**

81 Name

Richard Lehman

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

3 N. FEDERAL HWY

83

84 City

DANIA

FL

85 Zip Code

33004

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

Richard Lehman

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

(NOTE: Registered Agent signature required when reinstating)

1/13/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDTSMAN, LINDA
STREET ADDRESS	3 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	DANIA FL 33004
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHIMMEL, PAULA
STREET ADDRESS	3 N. FEDERAL HWY
CITY-ST-ZIP	DANIA FL 33004
TITLE	D <input type="checkbox"/> DELETE
NAME	KOSSOW, GOLDIE
STREET ADDRESS	3 N. FEDERAL HWY
CITY-ST-ZIP	DANIA FL 33004
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SELIGMAN, JACKIE
STREET ADDRESS	19 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	DANIA FL 33004
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	RICHARD LEHMAN
5.4 CITY-ST-ZIP	3 N. FEDERAL HWY
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:

Richard Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/97

Daytime Phone # 0022418

CR2E037 (9/96)