

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:27

DOCUMENT # **N94000001187 (3)**

1. Corporation Name

FRATERNAL ORDER OF POLICE, LODGE NO. 42, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
451 NW 70TH TERRACE PLANTATION FL 33317	451 NW 70TH TERRACE PLANTATION FL 33317

3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report
4. FEI Number 23-7585474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	30

9. Name and Address of Current Registered Agent

SCOTT, MICHAEL
451 NW 70TH TERRACE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name	GALLIGNANI, Joseph
82 Street Address (P.O. Box Number is Not Acceptable)	451 NW 70th Terrace
83	
84 City	Plantation
85 FL Zip Code	33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joseph Galligan (Galligan) DATE: 060895

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, TOM	1.2 NAME	mastrianni, John
STREET ADDRESS	451 NW 70TH TERRACE	1.3 STREET ADDRESS	451 NW 70th Terrace
CITY - ST - ZIP	PLANTATION FL 33317	1.4 CITY - ST - ZIP	Plantation, FL 33317
TITLE	D	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MICHAEL	2.2 NAME	Reynolds, James
STREET ADDRESS	451 NW 70TH TERRACE	2.3 STREET ADDRESS	451 NW 70th Terrace
CITY - ST - ZIP	PLANTATION FL 33317	2.4 CITY - ST - ZIP	Plantation, FL 33317
TITLE		3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	St. Amand, DIANE MARIE
STREET ADDRESS		3.3 STREET ADDRESS	451 NW 70th Terrace
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Plantation, FL 33317
TITLE		4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Galligan, Joseph
STREET ADDRESS		4.3 STREET ADDRESS	451 NW 70th Terrace
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Plantation, FL 33317
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: Joseph Galligan (Galligan) DATE: 060895 (305) 797-2100

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DIVISION OF CORPORATIONS

DOCUMENT # N94000002012 (2)

1. Corporation Name
INDEPENDENT HOTEL & MOTEL OWNERS' ASSOCIATION, I
NC.

Principal Place of Business Mailing Address
99198 OVERSEAS HWY 99198 OVERSEAS HWY
DAMARON BLDG., SUITE 3 DAMARON BLDG., SUITE 3
KEY LARGO FL 33037 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1994	3a. Date of Last Report
4. FEI Number 105-0489956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CAFIERO, CHARLES 99198 OVERSEAS HWY DAMARON BLDG., SUITE 3 KEY LARGO FL 33037		10. Name and Address of New Registered Agent	
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CAFIERO, CHARLES 99198 OVERSEAS HWY, DAMARON BLDG., SUITE 3 KEY LARGO FL 33037	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	VOUTSINAS, TONY 400 ALTON RD. MIAMI BEACH FL	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Delete
TITLE D	MARR, SCOTT C/O 529 CARRIBBEAN DR. KEY LARGO FL 33037	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	FLEISCHER, CHRISTIAN 83409 OVERSEAS HWY ISALAMORADA FL 33038	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	LETSCHER, TRUDEAU 1510 JULIA TUTTLE AVE. SARASOTA FL	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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; that I am a shareholder, partner, officer, director, trustee, or agent of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an addition, with an address.

SIGNATURE: _____ (305) 451-7116
Date: 1/17/95