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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000001442 (2)

1. Corporation Name

NATIONAL LEATHER ASSOCIATION- FLORIDA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4911
FT. LAUDERDALE FL 33338

P.O. BOX 4911
FT. LAUDERDALE FL 33338-4911

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
01/06/1997

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0491342

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

HALLERAN, ROBERT B
1250 E. HALLANDALE BEACH BLVD.
SUITE 901
HALLANDALE FL 33009

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	PD	<input type="checkbox"/> DELETE
NAME	CAMP, MICHAEL	
STREET ADDRESS	52 N.E. 20TH CT.	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURKA, ANTHONY	
STREET ADDRESS	4331 S.W. 72ND WAY	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, JAMES	
STREET ADDRESS	515 S.W. 9TH ST., #2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEIL, HAROLD	
STREET ADDRESS	1501 E. HALLANDALE BLVD., #233	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDT, BERNARD	
STREET ADDRESS	2807 S.W. 14TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BORKA, ANTHONY	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

Harold F. Weil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-458-8260

CR2E037 (9/96)