


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 09 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000005342 (0)**
1. Corporation Name

FORT LAUDERDALE PLAYERS, INC.

| | |
|--|--|
| Principal Place of Business 617 N.E. 8TH ST. FORT LAUDERDALE FL 33304-2747 | Mailing Address 617 N.E. 8TH ST. FORT LAUDERDALE FL 33304-2747 |
|--|--|

3. Date Incorporated or Qualified

10/27/1994

4. FEI Number

65-0537335

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KLAUSNER, ROBERT D
6565 TAFT ST.
SUITE 200
HOLLYWOOD FL 33024**

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 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(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

Robert D. Klausner

**D, T
EPSTEIN, STUART
1700 NW 97th Avenue
Plantation, FL**

6-30-98

954-712-5201

CR2E037 (10/97)

FORT LAUDERDALE PLAYERS, INC.
Document # N94000005342 (0)
FEI Number 65-0537335
Nonprofit Corporation Annual Report 1998

12. CONTINUED - ADDITIONS

D, V
LEWIS, LAINIE
3404 Heather Terrace
Lauderhill, FL

D
KLAUSNER, ROBERT D.
1311 Knot Way
Cooper City, FL

D
FELD, LOIS B.
2681 South Course Drive #906
Pompano Beach, FL

D
FREEDMAN, NORMAN
11700 South Island Road
Cooper City, FL 33026