

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000060 (2)

1. Corporation Name

SOUTH FLORIDA STORM, INC.



Principal Place of Business

Mailing Address

**6602 S.W. 57TH AVENUE
SOUTH MIAMI FL 33143**

**6602 S.W. 57TH AVENUE
SOUTH MIAMI FL 33143**

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report
N/A

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

4. FEI Number
65-0547927

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

**ALLEN, WILLIAM T JR.
6602 S.W. 57TH AVENUE
SOUTH MIAMI FL 33143**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D ALLEN, WILLIAM T JR.**
STREET ADDRESS **17440 S.W. 89TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE

NAME **D CUMISKEY, NICOLA**
STREET ADDRESS **12925 S.W. 112TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME **D SADLER, RONALD**
STREET ADDRESS **11846 S.W. 99TH LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **D DAVIDSON, MARK JAMES**
STREET ADDRESS **1001 N.W. 10TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D THOMAS Collette ☐ Change ☒ Addition

**6200 North Andrews Ave
Fort Lauderdale FL 33309**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D STEVE SWAYNE ☐ Change ☒ Addition

**Sundtrust International Center 1 SE 3rd Ave
Suite 2300 Miami FL 33131**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D DAVID TOW ☐ Change ☒ Addition

**7106 SW 113 Ave
Miami FL 33173**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D Albert Ferrer ☐ Change ☒ Addition

**+359 13539 SW 117 Ave
Miami FL 33186**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D MANNY Gelabert ☐ Change ☒ Addition

**8000 NW 21st street
Suite 222 Miami FL 33122**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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:

William T. Allen Jr.

William T. ALLEN Jr.

4-18-96

305-669-6987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)