

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003292 (8)

1. Corporation Name

PARALYZED VETERANS ASSOCIATION OF FLORIDA QUALITY THRIFT SHOP INC.

Principal Place of Business

6200 N ANDREWS AVENUE  
FT LAUDERDALE FL 33309

Mailing Address

6200 N ANDREWS AVENUE  
FT LAUDERDALE FL 33309



3. Date Incorporated or Qualified  
07/06/1995

3a. Date of Last Report

4. FEI Number

65-0590291

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

LANHAM, MICHAEL F  
19 W FLAGLER STREET  
SUITE 1102  
MIAMI FL 33130

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

D  
TAYLOR, DON  
1571 HAMMOCK LANE  
PEMBROKE PINES FL 33026

TITLE ☐ DELETE

D  
REX, WALTER  
770 NE 74TH STREET  
BOCA RATON FL 33487

TITLE ☒ DELETE

VSD  
TAYLOR, PAULA  
1571 HAMMOCK LANE  
PEMBROKE PINES FL 33026

TITLE ☐ DELETE

TD  
CAO, JOSE  
423 NW 126 PLACE  
MIAMI FL 33182

TITLE ☐ DELETE

PD  
DEARMAS, PEDRO  
2652 ABELL ROAD  
LAKE PLACID FL 33852

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

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

SECRETARY ☐ Change ☒ Addition

RAZZANO, ERNEST  
6523 NORTHWEST 28TH COURT  
MARGATE, FL 33063

☐ Change ☐ Addition

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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:

PEDRO DEARMAS President

6/7/96 (940) 699-5867

Date

Daytime Phone #

0008947

CR2E037 (3/96)