

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003292 (8)

1. Corporation Name

PARALYZED VETERANS ASSOCIATION OF FLORIDA QUALIT  
Y THRIFT SHOP INC.

Principal Place of Business

Mailing Address

6200 N ANDREWS AVENUE  
FT LAUDERDALE FL 333096200 N ANDREWS AVENUE  
FT LAUDERDALE FL 33309-21293. Date Incorporated or Qualified  
07/06/19953a. Date of Last Report  
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21 1414 SOUTH POWERLINE RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23 POMPANO BEACH, FL 33069

28

Zip

Country

Zip

Country

24 33069

25

BROWARD

29

30

4. FEI Number

65-0590291

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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 VP ☐ DELETE  
NAME TAYLOR, DON  
STREET ADDRESS 1571 HAMMOCK LANE  
CITY-ST-ZIP PEMBROKE PINES FL 330261.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME REX, WALTER  
STREET ADDRESS 770 NE 74TH STREET  
CITY-ST-ZIP BOCA RATON FL 334872.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME RAZZANO, ERNEST  
STREET ADDRESS 6523 NORTHWEST 28TH COURT  
CITY-ST-ZIP MARGATE FL 330633.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME CAO, JOSE  
STREET ADDRESS 423 NW 126 PLACE  
CITY-ST-ZIP MIAMI FL 331824.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME DEARMAS, PEDRO  
STREET ADDRESS 2652 ABELL ROAD  
CITY-ST-ZIP LAKE PLACID FL 338525.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035841

CR2E037 (9/96)