

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 # N95000003504 (6)

1. Corporation Name

GARDNGS FAVRP, INC.



Principal Place of Business

**3600 N.W. 7TH STREET
FT. LAUDERDALE FL 33311**

Mailing Address

**3600 N.W. 7TH STREET
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3334 N.W. 36 Terrace

26 P.O. Box 490306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
Lauderdale Lakes, Florida

27
City & State
Ft. Lauderdale, Florida

23
Zip Country
33309-5322

28
Zip Country
33349-0306

4. FEI Number

65-0594088

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

**GLENN, GRACE
3600 N.W. 7TH STREET
FT. LAUDERDALE FL 33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3334 N.W. 36 Terrace

83

84 City **Lauderdale Lakes,**

FL

85 Zip Code **33309-5322**

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 **Grace Glenn, Registered Agent**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/09/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GLENN, GRACE
3600 N.W. 7TH STREET
FT. LAUDERDALE FL 33311** ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**3334 N.W. 36 Terrace
Lauderdale Lakes, FL 33309-5322** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MC MASTER, ELIZABETH
3970 N.W. 21 AVE
FT. LAUDERDALE FL 33309** ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Director
Ed Canales
1372 N.W. 62 Way Margate FL 33065** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANUEL, DEAVON
704 N.W. 3 AVE
POMPANO BEACH FL 33060** ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**Paul Johnson, Director
Paul Johnson
726 N.E. 1 Avenue
Miami, FL 33101** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRY, ELIZABETH
115 LAKE EMERALD DR #405
OAKLAND PARK FL 33309** ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**Director
Gordon Koegler
8100 N. University Dr. Ft. Lauderdale
Florida 33321-1717** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**200001846942
-06/03/96--01015--010
***75.00** ☐ 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: Grace Glenn, President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/96

954-485-8002

Daytime Phone #

CR2E037 (12/95)