

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003640 (8)

1. Corporation Name

NATIONAL HANDICAPPED AWARENESS FOUNDATION, INC.



Principal Place of Business

1711 N.W. 123RD AVENUE  
PEMBROKE PINES FL 33026

Mailing Address

1711 N.W. 123RD AVENUE  
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified  
08/02/1995

3a. Date of Last Report

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 SE 10 Street  
Suite, Apt. #, etc.

21 SE 10 Street  
Suite, Apt. #, etc.

22 City & State

27 City & State

Deerfield Bch., FL

Deerfield Bch., FL

24 Zip 33441 25 Country USA

29 Zip 33441 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORFER, MITCHELL  
1711 N.W. 123RD AVENUE  
PEMBROKE PINES FL 33026

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mitchell B. Storfer

5-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STORFER, MITCHELL  
STREET ADDRESS 1711 N.W. 123RD AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ DELETE

TITLE VD  
NAME SOUTHERN, KIMBERLY  
STREET ADDRESS 1711 N.W. 123RD AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ DELETE

TITLE SD ☒ DELETE  
NAME MANSMANN, KEELY  
STREET ADDRESS 1711 N.W. 123RD AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 21 SE 10 Street  
Deerfield Bch., FL 33441 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 21 SE 10 Street  
Deerfield Bch., FL 33441 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mitchell B. Storfer

5-30-96

954-421-46467

CR2E034 (12/95)