

FILE NOW: FILING FEE IS \$61.25

102 APPROVED AND FILED
1995 APR 26 11 3 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000004625 (8)
1. Corporation Name
RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, INC.

Principal Place of Business Mailing Address
ROOM 21-16 1221 BRICKELL AVENUE MIAMI FL 33131
ROOM 21-16 1221 BRICKELL AVENUE MIAMI FL 33131

3. Date Incorporated or Qualified 09/28/1995
3a. Date of Last Report n/a
4. FEI Number 65-0615053 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**BENFORD, NORMAN J
1221 BRICKELL AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOYD, RAYMOND L	
STREET ADDRESS	24 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOYD, MARIA K	
STREET ADDRESS	24 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHIPPS, OGDEN M	
STREET ADDRESS	222 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENFORD, NORMAN J	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLICKER, MAURY R	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300001796843
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stum, Steve
3.3 STREET ADDRESS	19001 South Western Avenue
3.4 CITY-ST-ZIP	Torrance, California 90509
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Willis, Greg
4.3 STREET ADDRESS	19001 South Western Avenue
4.4 CITY-ST-ZIP	Torrance, California 90509
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address

SIGNATURE: *Maria R. Floyd* 4/23/96 (305) 866-2742
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)

used 4/23/96

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

2-2



ACCOUNT NO. : 072100000032
REFERENCE : 932937 4303929
AUTHORIZATION : *Patricia Poynt*
COST LIMIT : \$ 61.25

ORDER DATE : April 26, 1996

ORDER TIME : 9:51 AM

ORDER NO. : 932937

CUSTOMER NO: 4303929

CUSTOMER: Myrna Anne Norman, Legal Asst
Greenberg Traurig Hoffman
20th Floor
1221 Brickell Avenue
Miami, FL 33131-3230

ANNUAL REPORT FILING

NAME: RAYMOND AND MARIA FLOYD
CHILDREN'S CHARITIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: carina dunlap

EXAMINER'S INITIALS:

*SPOC
4/20/96*

SEARCHED BY: [unclear]
SERIALIZED BY: [unclear]
APR 26 1996
FBI - TALLAHASSEE