

FILE NOW: FILING FEE IS \$61.25

APPROVED

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1995 APR 26 PM 3:21

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004625 (8)**

1. Corporation Name

RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, INC.

Principal Place of Business ROOM 21-16 1221 BRICKELL AVENUE MIAMI FL 33131	Mailing Address ROOM 21-16 1221 BRICKELL AVENUE MIAMI FL 33131
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/28/1995		3a. Date of Last Report n/a	
				4. FEI Number 65-0615053		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D FLOYD, RAYMOND L			11 TITLE			
NAME	24 INDIAN CREEK ISLAND			12 NAME			
STREET ADDRESS	MIAMI BEACH FL 33154			13 STREET ADDRESS	300001796843		
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE	D FLOYD, MARIA K			21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	24 INDIAN CREEK ISLAND			22 NAME			
STREET ADDRESS	MIAMI BEACH FL 33154			23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE	D PHIPPS, OGDEN M			31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	222 ROYAL PALM WAY			32 NAME	D Stum, Steve		
STREET ADDRESS	PALM BEACH FL 33480			33 STREET ADDRESS	19001 South Western Avenue		
CITY-ST-ZIP				34 CITY-ST-ZIP	Torrance, California 90509		
TITLE	D BENFORD, NORMAN J			41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	1221 BRICKELL AVENUE			42 NAME	D Willis, Greg		
STREET ADDRESS	MIAMI FL 33131			43 STREET ADDRESS	19001 South Western Avenue		
CITY-ST-ZIP				44 CITY-ST-ZIP	Torrance, California 90509		
TITLE	D OLIVER, MAURY R			51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1221 BRICKELL AVENUE			52 NAME			
STREET ADDRESS	MIAMI FL			53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Maria R. Floyd

4/23/96

Date

(305) 866-2742

Daytime Phone #

CR2E037 (12/95)

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

800-342-8086

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ACCOUNT NO. : 072100000032
REFERENCE : 932937 4303929
AUTHORIZATION : *Patricia Pappas*
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:

5/1/96 2:57 PM
Filing Office
Tallahassee, FL

SPAC
4/20/96