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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001346

1. Corporation Name

FLORIDA SPECIAL RESPONSE TEAM-A, INC.

Principal Place of Business

**8000 NW 54 STREET
LAUDERHILL FL 33351**

Mailing Address

**8000 NW 54 STREET
LAUDERHILL FL 33351**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Zip

25

Country

29

Zip

Country

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

65-0659159

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

9. Name and Address of Current Registered Agent

**WOLFF, SUE C
8000 NW 54 STREET
LAUDERHILL FL 33351**

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

TITLE **D** ☐ DELETE
NAME **WOLFF, EDWARD C**
STREET ADDRESS **8000 NW 54 STREET**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **D** ☐ DELETE
NAME **WOLFF, ARTHUR E**
STREET ADDRESS **8000 NW 54 STREET**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **D** ☐ DELETE
NAME **MARSHALL, JAMES**
STREET ADDRESS **7141 S.W. 2 CT.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ DELETE
NAME **JURGENS, STACY**
STREET ADDRESS **4311 CRYSTAL LAKE DR**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ DELETE
NAME **PRASLER, DAVID**
STREET ADDRESS **4121 NW 10TH ST**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D** ☐ DELETE
NAME **LORBER, REED**
STREET ADDRESS **5361 NE 17 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**DIRECTOR
SUE C. WOLFF
8000 NW 54 ST.
LAUDERHILL FL 33351**

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SUE C. WOLFF

1/22/99

954-968-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)