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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001798 (5)**

1. Corporation Name

PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDATION, INC.

Principal Place of Business

Mailing Address

**6200 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

**6200 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

65-0655994

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**LANHAM, MICHAEL F
BISCAYNE BUILDING SUITE #1102
19 WEST FLAGLER STREET
MIAMI FL 33130**

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	VD	<input type="checkbox"/> DELETE
NAME	DE ARMAS, PEDRO	
STREET ADDRESS	2652 ABELL ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAZZANO, ERNEST	
STREET ADDRESS	8523 NW 28TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONSON, DAVID	
STREET ADDRESS	1400 NW 19TH STREET #204	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, JERRY D.	
STREET ADDRESS	936 INTRACOASTAL DRIVE, #703	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, PAULA	
STREET ADDRESS	2091 NW 98TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pedro De Armas	
1.3 STREET ADDRESS	1206 Royal Tern Dr.	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Walter Rex	
5.3 STREET ADDRESS	9656 Aralia Way	
5.4 CITY-ST-ZIP	Boynton Beach, FL 33436	

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 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.

SIGNATURE:

Pedro De Armas, V.P.
4/14/98 *954-711-7822*

CR2E037 (10/97)