FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



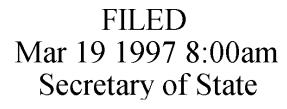
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000003376 (8) DOCUMENT #

HURRICANE CHAPTER OF SOUTH FLORIDA, INC.





Principal Place of Business Mailing Address						E TERMINI AID IBIN DINI DUNI DENI DANK DANK DENDE NIBE NINE SAND ENN IDDA	
1000 PONCE DE LEON BOULEVARD 1000 PONCE DE LEON BOU			DULEVARD			·	
SUITE 100		SUITE 100					
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134-3336				3. Date Incorporated or Qualified 3a. Date of Last Report	
1						06/24/1996	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional	
22		City & City				Fee Required	
City & Stat	е	City & State				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip		Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032,	
24	25	29	30			Florida Statutes Yes No	
=	9. Name and Address of Current					10. Name and Address of New Registered Agent	
				81	Name	е	
MORALE	S, JOSE E			82	Street	at Address (P.O. Box Number is Not Acceptable)	
1000 PONCE DE LEON BOULEVARD				02	Sileer	reet Address (F.O. Box Number is Not Acceptable)	
SUITE 1				83			
	GABLES FL 33134			84	City	85 Zip Code	
Ĺ					•	FL []	
11. Pursuant to the provisions of Sections 617.0502 and 617.0502, 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.							
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 ill applicable. (NOTE: Registered Agent signature regulated when reinstating) DATE							
12.	Signature, typed or printed name of registered agon OFFICERS AND		13.	a Age	nt signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 11	TLF		Change Addition	
NAME	BERG, KENNETH	_	1.2 N/				
STREET ADDRESS	1000 PONCE DE LEON BOULE	VARD			ADDRESS	, [
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CI			֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֡֓	
TITLE	VD	DELETE	211			Change Addition C	
NAME	MORALES, JOSE E		2,2 N	WE			
STREET ADDRESS	1000 PONCE DE LEON BOULE	VARD	2.3 S1	REFT	ADDRESS	;	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 C	ITY-S	Y-ZIP	· · · · · ·	
TITLE	TD	DELETE	3.1 11	ILE		☐ Change ☐ Addition	
NAME	BERG, JANET		3.2 N/	AME			
STREET ADDRESS	1000 PONCE DE LEON BOULE	VARD	3.3 ST	REET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. C	<u> </u>	T- ZIP		
TITLE	SD	☐ DELETE	4,1 71	ILE		Change Addition	
NAME	Braverman, Susie		4.2 N	AME			
STREET ADDRESS	1000 PONCE DE LEON BOULE	VARD	4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CI	TY-\$1	1- 7 IP		
TITLE	D	DELETE	5.1 70	Lŧ		☐ Change ☐ Addition	
NAME	BRAVERMAN, BRUCE EDITOR		5.2 N/	ME			
STREET ADDRESS	1000 PONCE DE LEON BOULE	VARD	5.3 ST	REE1.	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CI	TY-\$1	I - ZIP		
TITLE		DELETE	6.1 TI	LE		900002117563 Change Addition	
NAME			6.2 N/	ME		-03/19/9701015022	
STREET ADDRESS			6.3 \$1	REET .	address	***61.25	
CITY-ST-ZIP			6.4 CI	TY-\$1	1- 2 iP	detect * CO	

14. I do 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 oal 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.