

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000006322 (9)**

1. Corporation Name

THE PINK FLAMINGO ORCHID SOCIETY, INC.

Principal Place of Business

Mailing Address

**3750 FLAMINGO ROAD
DAVIE FL 33330**

**3750 FLAMINGO ROAD
DAVIE FL 33330-1614**



| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/11/1996 | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number APPLIED FOR | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAYS, RICHARD J
7200 W. COMMERCIAL BLVD.
SUITE 207
LAUDERHILL FL 33319**

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 | | | |
|----------------------------|------------------------------|---------------------------------|--------------------|---|---|--|--|
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE | 1.1 TITLE | ALAN BAXTER, TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ALEKSA WISE | | 1.2 NAME | 17809 N.W. 15 ST. | | | |
| STREET ADDRESS | 2840 N.W. 106 DRIVE | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065-3734 | | 1.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33029 | | | |
| TITLE | 1ST VICE-PRESIDENT | <input type="checkbox"/> DELETE | 2.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JOE VIVENDO | | 2.2 NAME | ANDY CHEAH | | | |
| STREET ADDRESS | 10291 N.W. 18 DRIVE | | 2.3 STREET ADDRESS | 3251 OLD HICKORY COURT | | | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | 2.4 CITY-ST-ZIP | DAVIE, FL 33328 | | | |
| TITLE | 2ND VICE-PRESIDENT | <input type="checkbox"/> DELETE | 3.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JOANNE ZARETSKI | | 3.2 NAME | LARRY LANDRESS | | | |
| STREET ADDRESS | 5120 S.W. 87 AVENUE | | 3.3 STREET ADDRESS | 8770 S.W. 9 COURT | | | |
| CITY-ST-ZIP | COOPER CITY, FL 33328 | | 3.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33025 | | | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE | 4.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SUE BALAND | | 4.2 NAME | NATASHA HULIN | | | |
| STREET ADDRESS | 13960 BEECHWOOD COURT | | 4.3 STREET ADDRESS | 1621 S.W. 119 TERRACE | | | |
| CITY-ST-ZIP | DAVIE, FL 33325 | | 4.4 CITY-ST-ZIP | DAVIE, FL 33325 | | | |
| TITLE | RECORDING SECRETARY | <input type="checkbox"/> DELETE | 5.1 TITLE | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LINDA TROWBRIDGE | | 5.2 NAME | LAURA SPOFFORD | | | |
| STREET ADDRESS | 14691 S.W. 21 PLACE | | 5.3 STREET ADDRESS | 1620 S.W. 119 TERRACE | | | |
| CITY-ST-ZIP | DAVIE, FL 33328 | | 5.4 CITY-ST-ZIP | DAVIE, FL 33325 | | | |
| TITLE | CORRESPONDING SECRETARY | <input type="checkbox"/> DELETE | 6.1 TITLE | | | | |
| NAME | SHELLY HEWETT | | 6.2 NAME | | | | |
| STREET ADDRESS | 16311 N.W. 8 DRIVE | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 | | 6.4 CITY-ST-ZIP | | | | |

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 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.

CR2E037 (9/96)