

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90089 034 \*\*\*\*61.25

**DOCUMENT # N97000001902**

1. Corporation Name

**HALLANDALE NEIGHBORHOOD IMPROVEMENT CORPORATION**

Principal Place of Business

**400 SOUTH FEDERAL HIGHWAY  
ROOM #242  
HALLANDALE FL 33309  
US**

Mailing Address

**400 SOUTH FEDERAL HIGHWAY  
ROOM #242  
HALLANDALE FL 33309  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**04/03/1997**

4. FEI Number

**65-0740970**

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

**KANE, RICHARD ESQUIRE  
400 SOUTH FEDERAL HIGHWAY  
ROOM #234  
HALLANDALE FL 33309**

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 ☐ DELETE  
NAME **PD**  
STREET ADDRESS **LANNER, ARNOLD**  
CITY-ST-ZIP **1980 S. OCEAN DRIVE  
HALLANDALE FL 33309**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ROSS, DOROTHY**  
CITY-ST-ZIP **35 CACTUS AVENUE  
HALLANDALE FL 33309**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **DEAN, GERALD**  
CITY-ST-ZIP **726 NW 1ST COURT  
HALLANDALE FL 33309**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DELUCA, HANK**  
CITY-ST-ZIP **724 SW 7TH AVENUE  
HALLANDALE FL 33309**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **SCHILLER, FRANCINE**  
CITY-ST-ZIP **2500 PARKWAY DRIVE #604  
HALLANDALE FL 33309**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **MCPHERSON, KATHERINE**  
CITY-ST-ZIP **413 SW 6TH AVENUE  
HALLANDALE FL 33309**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**ARNOLD LANNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99**

**(954) 457-1319**

Daytime Phone #

0022719

CR2E037-(11/98)