

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002912 (0)

1. Corporation Name

PINE ISLAND RIDGE DEMOCRATIC CLUB, INC.



Principal Place of Business 2120 S.W. 92ND TERRACE SUITE 2903 FORT LAUDERDALE FL 33324	Mailing Address 2120 S.W. 92ND TERRACE SUITE 2903 FORT LAUDERDALE FL 33324
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2. Principal Place of Business 21 P.O. Box 292161 Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL. Zip 24 33329 Country 25	2a. Mailing Address 26 P.O. Box 292161 Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL. Zip 29 33329 Country 30
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3. Date Incorporated or Qualified 05/21/1997	4. FEI Number 65-0132679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, 1998 N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
SIMON, MARVIN  
2120 S.W. 92ND TERRACE  
SUITE 2903  
FORT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent  
81 Name JERRY HERSKOVITS  
82 Street Address (P.O. Box Number is Not Acceptable) 1703 WHITEHALL DR #402  
83  
84 City FT LAUDERDALE FL 85 Zip Code 33324

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 617.0508, Florida Statutes.

SIGNATURE JERRY HERSKOVITS *Jerry Herskovits* 3/26/98  
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	<input type="checkbox"/> DELETE
NAME	SIMON, MARVIN	
STREET ADDRESS	2120 S.W. 92ND TERRACE, SUITE 2903	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERSKOVITS, JERRY	
STREET ADDRESS	1703 WHITEHALL DRIVE, #402	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FASCIANO, VITO	
STREET ADDRESS	9850 N. OAK KNOLL CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLINSKY, LEO	
STREET ADDRESS	1520 WHITEHALL DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Leo Wolinsky*

3/26/98

CR2E037 (10/97)