**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000005928

SHEET METAL WORKERS LOCAL 32 SCHOLARSHIP FUND, I NC.

Principal Place of Business

20375 NE 15TH COURT NORTH MIAMI BEACH FL 33179-2709 Mailing Address

20375 NE 15TH COURT

NORTH MIAMI BEACH FL 33179-2709

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90008 044 \*\*\*\*61.25



572140 - 90008 - 44

— ·	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/16/1998					
21]		26		4. FEI Number		App	lied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-08930	28		Applicable		
22		City & State			63 08130	<u> </u>	\$8.75 Ac		
City & St	tate	28			5. Certifcate of Status Desired		Fee Req		
Zip	Zip Country Zip			try	6. Election Campaign Financing		\$5.00 N	Лау Ве	
24	25	29	30		Trust Fund Contribution		Added to		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	legistered /	Agent		
			1	31 Name					
STEWART, LARRY				32 Street Add	dress (P.O. Box Number is Not Accepta	able)			
20375 NE 15TH COURT NORTH MIAMI BEACH FL 33179-2709				83					
							) 1	B4 City	
11. Pursua	nt to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the abo	ove-named cor	poration submits this statement for the	purpose of	changing its r	egistered	
h office o	er registered agent, or both, in the State (	of Florida. Such change was au	ithorized i	DA tue colbolai	tion's board of directors. I hereby accep	it the appoin	ntment as regi	stered	
	I am familiar with, and accept the obligat		iua Sialul	W C-	1 m	1210	<del>1</del> 4		
SIGNATUR	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered A	ot signature requir	red when reinstating)	DATE	<u> </u>		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	
TITLE	D	DELETE	1.1 TITL	E			☐ Change	☐ Addition	
NAME	CRAVEY, JOHN		1.2 NAM	Œ					
STREET ADDRE			1.3 STR	EET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9-2709	14 CITY	/-ST-ZIP					
TITLE	D	DELETE	2.1 TITL				Change	☐ Addition	
NAME	DEVILLIERS, RENE E JR		2.2 NAM	ıF					
STREET ADDRE	ASSESSMENT ACTIVIDADE		1	EET ADDRESS					
	NORTH MIAMI BEACH FL 33179	0.2700		Y-ST-ZIP					
CITY-ST-ZIP	VD	DELETE	3.1 T/T				Change	☐ Addition	
l	GIORDANO, PAUL	2	3.2 NAM	·					
NAME	*****		1	EET ADDRESS					
STREET ADDRE	NORTH MIAMI BEACH FL 33179	0.2700		Y-ST-ZIP					
CITY-ST-ZIP		DELETE	4.1 TITL				Change	Addition	
	STD   STATLER, SCOTT	_ J22210	4. 2 NAJ	i					
NAME	·			EET ADDRESS					
STREET ADDRE		0.2700	1						
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9-27 <b>09</b>	5.1 TITL	/-ST-ZIP			Change	Addition	
TITLE	PD ARRY		5.2 NAM	1					
NAME	STEWART, LARRY		1	EET ADORESS					
STREET ADDRE		0.0700		Y-SY-ZIP					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317	9-2709	6.1 TEL				Change	☐ Addition	
TITLE		□ nereie	6.2 NAN					<b>—</b>	
NAME				1					
STREET ADDRE	ess			EET ADDRESS					
CITY-ST-ZIP	\		6.4 C(T)	(-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:

SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR