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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01498 (5)

1. Corporation Name

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA,
INC.

Principal Place of Business

Mailing Address

4127 VIA MARINA #413
P.O. BOX 8901 (AT 13428 MAXELLA AVE 248)
MARINA DEL REY CA 90295

13428 MAXELLA AVE.
248
MARINA DEL REY CA 90292-5671
US



2. Principal Place of Business

2a. Mailing Address

21 2401 E. Victoria

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 309

27

City & State

City & State

23 Rancho Dominguez CA

28

Zip

Country

Zip

Country

24 90220

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/04/1984

3a. Date of Last Report
05/01/1996

4. FEI Number
95-3658314

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CHANDLER, CHARLOTTE
520 CLEVELAND ST
CLEARWATER FL 34615

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 CET ☐ DELETE
NAME AYASH, BARBARA
STREET ADDRESS 4127 VIA MARINA #413
CITY - ST - ZIP MARIANA DEL REY CA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD ☐ DELETE
NAME GOULD, MURRAY
STREET ADDRESS 320 SO. MANHATTAN PL.406
CITY - ST - ZIP LOS ANGELES CA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME DENNIS, DUBIN
STREET ADDRESS 102 LANCASTER AVE.
CITY - ST - ZIP BRYN MAWR PA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DMD ☐ DELETE
NAME AYASH, BARBARA
STREET ADDRESS 4127 VIA MARINA #413
CITY - ST - ZIP MARIANA DEL REY CA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DS ☐ DELETE
NAME PALMQUIST, RICHARD
STREET ADDRESS 721 CENTINELA AVE
CITY - ST - ZIP INGLEWOOD CA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: Barbara Ayash RECEIVED BARBARA Ayash 1-14-97 (310) 764-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076358

CR2E037 (9/96)