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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

95 JAN 22 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028784 (5)

1. Corporation Name

~~MAYER FOUNDATION FOR MEDICAL THERAPIES INC.~~
THE COLEMAN INSTITUTE INC.

Principal Place of Business

Mailing Address

~~190 N.E. 190TH ST.~~
~~SUITE 207~~
~~N. MIAMI BEACH FL 33179~~

~~190 N.E. 190TH ST.~~
~~SUITE 207~~
~~N. MIAMI BEACH FL 33179~~

2. Principal Place of Business

2a. Mailing Address

21 830 E Oakland Park Blvd
Suite, Apt. #, etc.

26 830 E Oakland Park Blvd
Suite, Apt. #, etc.

22 Suite 105
City & State

27 Suite 105
City & State

23 Fort Lauderdale FL

28 Fort Lauderdale FL

24 33334 25 U.S.A.

29 33334 30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/19/1993

3a. Date of Last Report
01/24/1995

4. FEI Number
65-0408860
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

EMBREE, NORMAN J
1531 NE 15TH AVE.
FT. LAUDERDALE FL 33304

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Norman J. Embree

January 16, 1996

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
P
EMBREE, NORMAN J
1531 NE 15 AVE
FT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
MCCOY, MARYELLEN
15 EAST WREN CIRCLE
KETTERING OH

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
RIVERA, JUAN CARLOS
2810 N.E. 15TH TERRACE
WILTON MANORS FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
TS
EMBREE, NORMAN J.
1531 N.E. 15TH AVENUE
FT. LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman J. Embree P/T/S

954-565-4030

Date

Daytime Phone #

CR2E034 (12/95)