

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 PM 2:27

DOCUMENT # P93000045052 (6)

1. Corporation Name

NEW YORK CENTER ALUMNI ASSOCIATION INC.

Principal Place of Business

**4959 NO HEMINGWAY CIR
MARGATE FL 33063
US**

Mailing Address

**PO BOX 634114
MARGATE FL 33063
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

03/15/1994

4. FEI Number

65-0421175

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33093 - 4114

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOSS, LEONARD H
4959 NO HEMINGWAY CIR
MARGATE FL 33063**

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 typed in printed name of registered agent and the officer or director)

(Signature typed in printed name of registered agent and the officer or director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MOSS, LEONARD H
STREET ADDRESS	4959 NO HEMINGWAY CIR
CITY, ST, ZIP	MARGATE FL
TITLE	D
NAME	MENEGHELLI, JOSEPH
STREET ADDRESS	8901 S.W. 49TH ST.
CITY, ST, ZIP	COOPER CITY FL 33328
TITLE	D
NAME	SLOAN, RONALD
STREET ADDRESS	9360 CHELSEA DR. S
CITY, ST, ZIP	PLANTATION FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	☒ Change ☐ Addition
22. NAME	DIRECTOR
23. STREET ADDRESS	JOHN MIOLLA
24. CITY, ST, ZIP	660 PAL ST.
31. TITLE	☒ Change ☐ Addition
32. NAME	DIRECTOR
33. STREET ADDRESS	DANIEL STOLL
34. CITY, ST, ZIP	71 LAGOS DEL NORTE
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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 110 (7)(b)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 liquidator 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 on an attachment with this address.

SIGNATURE:

LEONARD H. MOSS
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1-10-95
Date

305 973-1747
Telephone Number