

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90012 027 ***150.00

DOCUMENT # P93000045052

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 934114
MARGATE FL 33093-4114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1993

4. FEI Number

65-0421175

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 owes the current year intangible
- Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6075 SABAL PALM BLVD. N
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 #314

27

23 TAMARAC FL

28

24 33319 25 USA

29 30

9. Name and Address of Current Registered Agent

MOSS, LEONARD H
4959 NO HEMINGWAY CIR
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6075 SABAL PALM BLVD. N. #314

84 City TAMARAC

FL

85 Zip Code 33319

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME MOSS, LEONARD H
STREET ADDRESS 4959 NO HEMINGWAY CIR
CITY-ST-ZIP MARGATE FL

TITLE D ☐ DELETE

NAME MIOLLA, JOHN
STREET ADDRESS 1233 KINGSWAY LANE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, 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:

Leonard H. Moss REQUIRED

1-4-99

Date

954 973-1747

Daytime Phone #

CR2E034 (11/98)