

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048721 (3)
1. Corporation Name

COMMUNITY RECONSTRUCTION AND DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

16666 NORTHEAST 19 AVENUE
SUITE 105
NORTH MIAMI BEACH FL 33162
US

POST OFFICE BOX 601335
NORTH MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

06/02/1995

4. FEI Number

65-0455481

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

2. Principal Place of Business

2a. Mailing Address

21 2500 E. HALLANDALE BEACH
BLVD

26 Suite, Apt. #, etc

22 SUITE 604

27 City & State

23 HALLANDALE FL

28 Zip

24 33009

29 Country

9. Name and Address of Current Registered Agent

SCHEMAN, MARILYN
20191 EAST COUNTRY CLUB DRIVE
SUITE 504
NORTH MIAMI BEACH FL 33180

81 Name

SCHEMAN, MARILYN

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

2500 E. HALLANDALE BEACH BLVD.

83

SUITE 604

84

CITY HALLANDALE

FL

85 Zip Code

33009

11a 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 of appointment

(2011) Registered Agent signature required when reinstating

8/1/96

12.

OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
NADLER, SAMUEL
230 174 STREET
NORTH MIAMI BEACH FL 33160

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

S
SCHEMAN, MARILYN
2500 E. HALLANDALE BEACH BLVD #604
HALLANDALE, FL 33009

☐ Change ☐ Addition

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-08/13/96--01025--009
***225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN SCHEMAN

8/1/96 (954) 458-0042