

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

CORPORATION  
 ANNUAL REPORT



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

1997-1998

**DOCUMENT # P94000016669 (1)**

1. Corporation Name  
**NONPROFIT MANAGEMENT SOLUTIONS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>2923 N. 35TH TERRACE<br>HOLLYWOOD FL 33021 | Mailing Address<br>2923 N. 35TH TERRACE<br>HOLLYWOOD FL 33021 |
|---|---|

DO NOT WRITE IN THIS SPACE.

|                                |         |                        |         |   |                                |
|--------------------------------|---------|------------------------|---------|---|--------------------------------|
| 2. Principal Place of Business |         | 2a. Mailing Address    |         | 3. Date Incorporated or Qualified<br>03/02/1994   | 3a. Date of Last Report        |
| 21                             |         | 26                     |         | 4. FEI Number<br>65-0475130   | Applied For<br>Not Applicable  |
| 22 Suite, Apt. #, etc.         |         | 27 Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23 City & State                |         | 28 City & State        |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 24 Zip                         | Country | 29 Zip                 | Country | 6. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                                |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| TEMKIN, RONALD E<br>616 ATLANTIC SHORE BLVD.<br>SUITE A<br>HALLANDALE FL 33009 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 607.0605, 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                      | PO                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addit. |
| NAME                       | TEMKIN, TERRIE C     | 1.2 NAME  |   |
| STREET ADDRESS             | 2923 N. 35TH TERRACE | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HOLLYWOOD FL 33021   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addit. |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addit. |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addit. |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addit. |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    | 700002196567  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       | -05/30/97--01101--019   |
| TITLE                      |                      | 6.1 TITLE   | ***165.00   |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 6.4 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 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 on an attachment with an address.

SIGNATURE: X \_\_\_\_\_ (Signature and typed or printed name of signing officer or director)  
 Reissue date X 5/13/97 X 954-985-9489