

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000008599 (9)

1. Corporation Name

THE ASSOCIATION OF DIVORCED AMERICAN PARENTS, IN  
C.



Principal Place of Business

1111 LINCOLN RD  
802 SUN BANK BLDG  
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN RD  
802 SUN BANK BLDG  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified  
01/30/1995

3a. Date of Last Report

2. Principal Place of Business

21 1655 Drexel Avenue

Suite, Apt. #, etc.

22 Suite 214

23 City & State  
Miami Beach, Fla.

24 Zip  
33139

25 Country  
USA

2a. Mailing Address

26 1655 Drexel Avenue

Suite, Apt. #, etc.

27 Suite 214

28 City & State  
Miami Beach, Fla.

29 Zip  
33139

30 Country  
USA

4. FEI Number

65-0568204

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 ☒

9. Name and Address of Current Registered Agent

BLAKER, JEFFREY A  
1111 LINCOLN RD  
802 SUN BANK BLDG  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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

Jeffrey A. Blaker

Jeffrey A. Blaker

2/5/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MALLAH, JOHN D  
STREET ADDRESS 540 W 51ST TER  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☒ DELETE  
NAME SILVERBERG, LESLIE  
STREET ADDRESS 540 W 51ST TER  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE  
NAME BLAKER, JEFFREY A  
STREET ADDRESS 540 W 51ST TER  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Blaker

2/5/96

(305) 538-6483

CR2E034 (12/95)