

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 # P95000060648 (9)

1. Corporation Name

MARGATE YOUTH KHOURY LEAQUE, INC.



Principal Place of Business

8701 CLEARY BLVD
PLANTATION FL 33324

Mailing Address

P O BOX 4004
MARGATE FL 33063

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

4. FEI Number

58-2189096

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

ALLOGIA, ANTHONY
8701 CLEARY BLVD
PLANTATION FL 33324

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 607.0503, 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 PD ☐ DELETE

NAME ALLOGIA, ANTHONY
STREET ADDRESS 8701 CLEARY BLVD
CITY-ST-ZIP PLANTATION FL 33324

TITLE VD ☐ DELETE

NAME EDWORTHY, DALE
STREET ADDRESS 6720 NW 6 STREET
CITY-ST-ZIP MARGATE FL 33063

TITLE VD ☒ DELETE

NAME EDWORTHY, DALE
STREET ADDRESS 6720 NW 6 STREET
CITY-ST-ZIP MARGATE FL 33063

TITLE SD ☒ DELETE

NAME ESPOSITO, SALVATORE
STREET ADDRESS 7207 SW 1 STREET
CITY-ST-ZIP MARGATE FL 33068

TITLE TD ☐ DELETE

NAME BERKHEIMER, EDWARD
STREET ADDRESS 4601 CEDAR HILL ROAD
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

SD
ROSENBERG, KEN
6250 N. W. 18th STREET
MARGATE, FL. 33063

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R BERKHEIMER

Date

Daytime Phone #

CR2E034 (12/95)