

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 23, 1999 8:00 am**  
**Secretary of State**

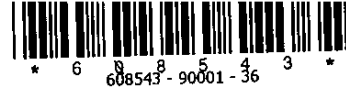
08-23-1999 90001 036 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 711147**  
 1. Corporation Name  
**DEED CLUB CHILDREN'S CANCER CLINIC, INC.**



Principal Place of Business Mailing Address  
 C/O PHYLLIS MEYERS C/O PHYLLIS MEYERS  
 1475 N.W. 12TH AVE. D-8-4 1475 N.W. 12TH AVE. D-8-4  
 MIAMI FL 33136 MIAMI FL 33136

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/12/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6194507
City & State	City & State	Applied For
23	28	<input checked="" type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired
24	29	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALPERN, BARRY L. 2601 SOUTH BAYSHORE DRIVE SUITE 1400 MIAMI FL 33133	81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Rd 83 Suite 911 84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE N/A DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, PHYLLIS	1.2 NAME	
STREET ADDRESS	9800 W BAY HARBOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DOROTHY	2.2 NAME	
STREET ADDRESS	10155 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOR FL 33154	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWORKIN, MICKEY	3.2 NAME	
STREET ADDRESS	10350 W BAY HARBOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR IS FL 33154	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, ETHYL	4.2 NAME	Ethyl Spector
STREET ADDRESS	1580 STILLWATER DRIVE	4.3 STREET ADDRESS	1580 Stillwater Dr
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILGRIM, SHIRIEE B	5.2 NAME	Milgrim, Shiriee B
STREET ADDRESS	1000 DIPLOMAT PKWY	5.3 STREET ADDRESS	1000 Diplomat Pkwy
CITY-ST-ZIP	HOLLYWOOD FL 33019	5.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	6.2 NAME	
STREET ADDRESS	<i>[Signature]</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>[Signature]</i>	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 617, 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8-18-99** Date **3058645212** Daytime Phone #

000374

CR2E037 (5/99)