SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # 725729 (8)

1. Corporation Name
THE HAVEN CENTER, INC.

Principal Place of Business	Mailing Address
11300 S.W. 80TH TERRACE MIAMI FL 33173	11300 S.W. 80TH TERRACE MIAMI FL 33173

3. Date Incorporated or Qualified: 03/06/1973
4. FEI Number: 59-0668484 ☐ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: P.O. BOX 56-0651
City & State 23	City & State 28: MIAMI, FL
Zip 24 / Country 25	Zip 29: 33256- / Country 30: USA DADE

9. Name and Address of Current Registered Agent 0651

KUCHENBACKER, HEIDI
11300 S.W. 80TH TERRACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: Marjorie E. Wolasky
82 Street Address (P.O. Box Number Is Not Acceptable): 7103 S.W. 102 Ave., Suite A
83: Miami
84 City: Miami FL 85 Zip Code: 33173

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: Marjorie E Wolasky — 7/9/98
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	1.1 TITLE	2nd Vice-President + Director	☒ Change ☐ Addition
NAME	FENELLO, CAROL		1.2 NAME	Fenello, Carol	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		1.3 STREET ADDRESS	7900 Miami Lakes Drive West	
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-ST-ZIP	Miami Lakes FL 33016	
TITLE	VD	☒ DELETE	2.1 TITLE	Treasurer and Director	☐ Change ☒ Addition
NAME	WILSON, GARY		2.2 NAME	Keppie, Charles	
STREET ADDRESS	9120 SUNSET DRIVE		2.3 STREET ADDRESS	13505 South West 103 Court	
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	TD	☐ DELETE	3.1 TITLE	1st Vice-President + Director	☒ Change ☐ Addition
NAME	SURIS, OSCAR		3.2 NAME	Suris, Oscar	
STREET ADDRESS	777 BRICKELL AVENUE		3.3 STREET ADDRESS	777 Brickell Avenue	
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	Miami FL 33131	
TITLE	SD	☐ DELETE	4.1 TITLE	President + Director	☒ Change ☐ Addition
NAME	FEILER, LOREE		4.2 NAME	Feiler, Loree	
STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 617		4.3 STREET ADDRESS	9200 S. Dadeland Blvd, Suite 617	
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP	Miami FL 33156	
TITLE		☐ DELETE	5.1 TITLE	Sec + Director	☐ Change ☒ Addition
NAME			5.2 NAME	Yacker, Iris	
STREET ADDRESS			5.3 STREET ADDRESS	200 Leslie Drive # 530	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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.

SIGNATURE: Loree Schwartz Feiler — 7/22/98 — (305) 670-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #