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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 725729

1. Corporation Name
THE HAVEN CENTER, INC.

Principal Place of Business	Mailing Address
11300 S.W. 80TH TERRACE MIAMI FL 33173	P. O. BOX 56-0651 MIAMI FL 33256-0651 US

2. Principal Place of Business 21	2a. Mailing Address 26 9040 Sunset Dr	3. Date Incorporated or Qualifed 03/06/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATN: Leslie W. Leech	4. FEI Number 59-0668484 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami Florida	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 24 / 25 USA	Zip / Country 29 33173 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. *Name and Address of Current Registered Agent*

WOLASKY, MARJORIE E.
7103 SW 102ND AVE
STE A
MIAMI FL 33173

10. **Name and Address of New Registered Agent**

81 Name: Leslie W. Leech, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 9040 Sunset Drive
83
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 _____ 4/13/99
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	SVPD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	FENELLO, CAROL		1.2 NAME	Geraldine Tucker	
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST		1.3 STREET ADDRESS	8100 SW 133rd Court	
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-ST-ZIP	Miami, FL 33183	
TITLE	TD	☑ DELETE	2.1 TITLE	STD	☐ Change ☑ Addition
NAME	KEPPIE, CHARLES		2.2 NAME	Barnett A. Greenberg, DBA	
STREET ADDRESS	13505 SW 103RD COURT		2.3 STREET ADDRESS	7761 SW 176 Street	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	FVPD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	SURIS, OSCAR		3.2 NAME	Gloria A. Wetherington	
STREET ADDRESS	777 BRICKELL AVENUE		3.3 STREET ADDRESS	3320 NE 18th Terr	
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	Oakland Park, FL 33306	
TITLE	PD	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	FEILER, LOREE		4.2 NAME	Melissa Herzog	
STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 617		4.3 STREET ADDRESS	7725 SW 88th Street	
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YACKER, IRIS		5.2 NAME		
STREET ADDRESS	200 LESLIE DR #530		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP		
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		

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 REQUIRED 4/13/99 305-596-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

— CD2E037 (11/98)