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Apr 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739416 (6)
 1. Corporation Name
 RO-MONT SOUTH EXECUTIVE COUNCIL, INC.



Principal Place of Business Mailing Address
 20314 NE 2ND AVE. 20314 NE 2ND AVE.
 N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179-2344

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/16/1977	03/08/1996
22		27		4. FEI Number	Applied For
23		28		59-1742278	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		32		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MYERS, JEANNE 165 NE 203RD TERR. NO MIAMI BEACH FL 33179				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: *Jeanne Myers* DATE: 1/22/97

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	BAIMEL, SANDRA	1.2 NAME	
STREET ADDRESS	20320 NE 2ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JEANNE	2.2 NAME	
STREET ADDRESS	165 NE 303RD TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL 33179	2.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANER, FRED	3.2 NAME	TR. HELEV BOBER
STREET ADDRESS	160 NE 203RD TERR.	3.3 STREET ADDRESS	20337 NE 2ND AVE
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	3.4 CITY-ST-ZIP	N.M.B. FL 33179
TITLE	2VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, JOHN	4.2 NAME	
STREET ADDRESS	20310 NE 2ND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	3VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, RUTH	5.2 NAME	
STREET ADDRESS	20330 NE 2ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH. FL 33179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Jeanne Myers* DATE: 1/22/97 DAYTIME PHONE: 305-653-7664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)