

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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. N. MIAMI BEACH FL 33179	20314 NE 2ND AVE. N. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified	06/16/1977
4. FEI Number	59-1742278
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

6. Name and Address of Current Registered Agent

MYERS, JEANNE
165 NE 203RD TERR.
NO MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: CLOUTIER JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 20310 N.E. 2ND AVE. #12
83
84 City: NO MIAMI BEACH FL 85 Zip Code

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: Jean Cloutier
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	BAMEL, SANDRA	
STREET ADDRESS	20320 NE 2ND AVE	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MYERS, JEANNE	
STREET ADDRESS	165 NE 303RD TERR.	
CITY-ST-ZIP	MIAMI BCH. FL 33179	
TITLE	TR (same) T	<input type="checkbox"/>
NAME	BOBER, HELEN	
STREET ADDRESS	20337 NE 2ND AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PR PRESIDENT T	<input type="checkbox"/>
NAME	CLOUTIER, JOHN	
STREET ADDRESS	20310 NE 2ND AVE. #12	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
TITLE	1ST VICE PRESIDENT T	<input type="checkbox"/>
NAME	ISAAC, RUTH	
STREET ADDRESS	20330 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI BCH. FL 33179	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SECRETARY T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	175 NE 203 TERR		
1.3 STREET ADDRESS	N.M. BEACH FL 33179		
1.4 CITY-ST-ZIP	BOURGET, LUCAS		
2.1 TITLE	2nd V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DONALD DOYLE T		
2.3 STREET ADDRESS	20330 - N.E. 2ND AVE		
2.4 CITY-ST-ZIP	N.M. BEACH FL 33179		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	IVP	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: [Handwritten Signature]

CR2E037 (10/97)