FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999⁻



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 739416

| Principal Place of Business | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| 20314 NE 2ND AVE. | | | | | | |
| AL AMARIL OF ACID FL COURS | | | | | | |

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90057 007 ****61.25

| . Corporation | n Name | | | | | |
|---|--|----------------------------------|--------------------------------------|--|---------------------------|--|
| RO-MONT SOUTH EXECUTIVE COUNCIL, INC. | | | | * 3 Faces 20057 3 | | |
| HA MOUL COOLIL EVECOLILE COOLICE HIS. | | | | 528639 - 90057 - 7 | | |
| | | | | | | |
| Principal Place | e of Business | Mailing Address | | | . | |
| 20314 NE 2ND AVE. 20314 NE 2ND AVE. | | | | T TRANSPORTER TO BE AND THE PROPERTY OF THE PR | 1 8 | |
| N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179 | | | | | 1811 BIBN 1881 | |
| | | | | | INTERNATION | |
| | | | | | | |
| | | 135 11 11 11 | | Date Incorporated or Qualifed | | |
| ¬ · · · · · · · · · · · · · · · · · · · | | 2a. Mailing Address | | 06/16/1977 | | |
| · | | Suite, Apt. #, etc. | ···· | | pplied For | |
| Suite, Apt. #, etc. | | 27 | | FO 4740070 | ot Applicable | |
| City & State | | City & State | ***** | _ \$8.75 | Additional | |
| 3 | | 28 | | I h Contiferate of Status Desired | tequired | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing 55.00 | May Be | |
| <u> </u> | 25 | 29 | 30 | | to Fees | |
| <u>*</u> ! | 9. Name and Address of Curren | | | 10. Name and Address of New Registered Agent | | |
| | | | 81 Name | Eck A. Kasdan | İ | |
| CLOUTIER | L.IOHN | | 82 Street A | Address (P.O. Box Number is Not Acceptable) | | |
| CLOUTIER, JOHN 20310 NE 2ND AVE., #13 | | | | 330 N.F. md AUC D-6 | | |
| | BEACH FL 33179 | | 83 | | | |
| 11 4 (114 4 111 | | | 84 City / | 85 Zip | Code | |
| | | | <i>1</i> 0. | | 179 | |
| 11. Pursuant | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statute | es, the above-named of | corporation submits this statement for the purpose of changing it | s registered egistered | |
| office of n | egistered agent, or both, in the State m familiar with, and accept the obliga | tions of, Section 617.0503, Flor | ida Statutes. | oration's board of directors. I hereby accept the appointment as r | - ~ | |
| SIGNATURE | Jack a Karla- | - Jack A A | dada : | Sprtetary 05-04- | 99 | |
| | Signature, typed or printed name of registered ager | | Registered Agent signature fe 13. | Squiffed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT | ORS IN 12 | |
| 12. | | ID DIRECTORS DELETE | 1.1 TITLE | PT Change | | |
| TITLE | ST LUCAS | P. OCILIE | 1.2 NAME | ROGER GODIN | _ | |
| VAME | BOURGET, LUCAS | | 1.3 STREET ADDRESS | 20327 NE AND AVE | | |
| STREET ADDRESS | 175 NE 203 TERR | | I . | NM BEACH FL 33179 | | |
| CITY-ST-ZIP | N. MIAMI BCH. FL 33179 | ☐ DELETE | 1,4 CITY-ST-ZIP 2,1 TITLE | Change | Addition | |
| TITLE | POWE DOWN | - Office | 2.2 NAME | | _ | |
| NAME | DOYLE, DONALD | | 2.3 STREET ADDRESS | | • | |
| STREET ADDRESS | 20330 NE-2ND AVE N. MIAMI BEACH FL 33179 | | 2.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | TR | ☐ DELETE | 3.1 TITLE | Change | Addition | |
| NAME | BOBER, HELEN | <u></u> | 3.2 NAME | | | |
| NAME: STREET ADDRESS | 20337 NE 2ND AVE | | 3.3 STREET ADDRESS | • | | |
| | NORTH MIAMI BEACH FL | | 3.4. CITY-ST-ZIP | | | |
| CITY-ST-ZIP | PT PT | ™ DELETE | 4.1 TITLE | Change | Addition | |
| NAME | CLOUTIER, JOHN | • | 4. 2 NAME | | | |
| STREET ADDRESS | 20310 NE 2ND AVE. | | 4.3 STREET ADDRESS | | į | |
| CITY-ST-ZIP | N. MIAMI FL 33179 | | 4.4 CITY-ST-ZIP | | | |
| TITLE | 1VT | DELETE | 5.1 TITLE | ST Change | Addition | |
| NAME | ISAAC, RUTH | | 5.2 NAMÉ | JACK KHZDHN | Į | |
| STREET ADDRESS | ACCOUNT ON IT ALT | | 5.3 STREET ADDRESS | 20330 NE AND AVE | | |
| CITY-ST-ZIP . | N MIAMI BCH. FL 33179 | | 5.4 CITY-ST-ZIP | NM 8 FL 33179 | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | Change | Addition | |
| | l . | - | | | | |
| NAME | • • | _ | 6.2 NAME | | | |
| | | | 6.2 NAME 6.3 STREET ADDRESS | | | |

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

Daytime Phone #