


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739416**

1. Corporation Name  
**RO-MONT SOUTH EXECUTIVE COUNCIL, INC.**

Principal Place of Business 20314 NE 2ND AVE. N. MIAMI BEACH FL 33179	Mailing Address 20314 NE 2ND AVE. N. MIAMI BEACH FL 33179
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/16/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1742278
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent  
**CLOUTIER, JOHN**  
 20310 NE 2ND AVE., #13  
 NO MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent  
 81 Name **Jack A. Kasdan**  
 82 Street Address (P.O. Box Number is Not Acceptable) **20330 NE 2nd Ave D-6**  
 83  
 84 City **N. Miami Beach** FL 85 Zip Code **33179**

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 *Jack A. Kasdan* **Jack A. Kasdan Secretary** **05-04-99**  
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 <input checked="" type="checkbox"/> DELETE	<b>ST</b> BOURGET, LUCAS 175 NE 203 TERR N. MIAMI BCH. FL 33179	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PT</b> ROGER GODIN 20327 NE 2ND AVE N M BEACH FL 33179
TITLE <input type="checkbox"/> DELETE	<b>IYP</b> DOYLE, DONALD 20330 NE 2ND AVE N. MIAMI BEACH FL 33179	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	<b>TR</b> BOBER, HELEN 20337 NE 2ND AVE NORTH MIAMI BEACH FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	<b>PT</b> CLOUTIER, JOHN 20310 NE 2ND AVE. N. MIAMI FL 33179	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	<b>1VT</b> ISAAC, RUTH 20330 NE 2ND AVE N MIAMI BCH. FL 33179	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>ST</b> JACK KASDAN 20330 NE 2ND AVE N M B FL 33179
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 *Roger Godin* **ROGER GODIN** **4-30-99**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)