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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 742241

1. Corporation Name

ST. DOMINIC GARDENS, INC.

Principal Place of Business

4740 N STATE ROAD 7
SUITE 106-BLDG C
LAUDERDALE LAKES FL 33319
US

Mailing Address

4740 N STATE ROAD 7
SUITE 106-BLDG C
LAUDERDALE LAKES FL 33319
US



2. Principal Place of Business

21 11440 N. Kendall Drive
Suite, Apt. #, etc.

22 Suite E-209
City & State

23 Miami, Fla.

24 33176 Country
25 USA

2a. Mailing Address

26 11440 N. Kendall Drive
Suite, Apt. #, etc.

27 Suite E-209
City & State

28 Miami, Fla.

29 33176 Country
30 USA

3. Date Incorporated or Qualified

03/29/1978

4. FEI Number

59-1876359

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

FITZGERALD, PATRICK J.
110 MERRICK WAY
SUITE 2C
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME ABELLO, EUGENE
STREET ADDRESS 2736 SW 7TH AVE
CITY-ST-ZIP MIAMI FL

TITLE PD
NAME QUINLIVAN, J. MARK
STREET ADDRESS 5730 SW 74 ST STE 300
CITY-ST-ZIP S MIAMI FL

TITLE D
NAME STEIBEL, GARY R
STREET ADDRESS 123 NW 6TH AVE
CITY-ST-ZIP HALLANDALE FL

TITLE TD
NAME MCCAUL, MICHAEL
STREET ADDRESS 2251 YUCCA AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE SD
NAME CONWAY, LAURENCE
STREET ADDRESS 17775 NORTH BAY RD.
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Mark Quinlivan* SIGNATURE REQUIRED Mark Quinlivan 3/25/99 (305)757-2824
DATE Daytime Phone #

CR2E037 (11/98)