FILE NOW: FILING FEE IS \$61.25 Mended

		<u></u>		_	
	NPROFIT	ELORIDA DEPAR	TMENT OF STATE		
	CORPORATION Katherine Harri				
ANNU	JAL REPORT	Secretary	of State	1	
•	1999	DIVISION OF C	ORPORATIONS		'
				┥	•
DOCUI 1. Corporation	MENT # 748238	1		53,877.1	1 6511:37
MIAMI	RIGHT TO LIFE, INC.				
				TÄLLÄHÄS	TOE, FECARDA
Principal Place	of Business	Mailing Address		i .	
2451 BR	ICKELL AVE	MIAMI RIGHT TO	LIFE		
APT 6J		c/o 601 BRICKE		DO NOT IMPLIE IN THE	CDACE
MIAMI, FL 33129 SUITE 805				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US		MIAMI, FL 331	31	07/27/1979	
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2001289	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		E Codificate of Status Decised	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inf	
24	9. Name and Address of Current F		30	Personal Property Tax. 10. Name and Address of New Registered	Yes No
	S. Hallie and Address of Content P	registeled Agent	61 Name	(U. Marie and Address of New Registered	Viain
ALLEN & GALEGO					
601 BRICKELL KEY DRIVE				ess (P.O. Box Number is Not Acceptable)	
SUITE 805			83		
MAN	AI FL 33131				1
			84 City	FL	85 Zip Code
11. Pursuant (to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the ournose 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 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required to					
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	PTD	□ beceie	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	MARTHA A. ALLEN	ለ ጥ ር ፐ	1.2 NAME		
CITY-ST-ZIP	2451 BRICKELL AVE, A MIAMI, FL < 33129	Ari oj	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	VD VD	DELETE	2.1 TITLE	400002511	Penande Abdition
NAME	JIM DUNDORF		22 NAME	-06/21/990	1149016
STREET ADDRESS	6151 SW 80TH STREET		2.3 STREET ADDRESS	*****61.25	*****£1.25
CITY-ST-ZIP	MIAMI, FL 33143		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TMLE		Change Addition
NAME	MARTHA J. AUGENSTEI	M .	3.2 NAME		
STREET ADDRESS	2463 SW 13TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LARRY WALSH		4.2 NAME		
STREET ADDRESS	1191 NW 8TH STREET I	עא	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136	☐ DELETE	4.4 CITY-ST-ZIP		Channe Classica
TITLE	D	□ OCLETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	JULIA TALAMAS. 545 ZAMORA AVE		53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		5.4 CITY-ST-ZIP		
TITLE	COLUMN CLOSENS EN	☐ DELETE	6.1 TITLE		Change Addition
NAME		.—	62 NAME	7 1 T 3	5
STREET ADDRESS			6.3 STREET ADDRESS	i 1 w	

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 607, 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:

MATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTO

6/9/99

305-372-3300

Daytime Phone #

DOED24 (11/00)