

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757835 (4)

1. Corporation Name
OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION, INC.



Principal Place of Business 490 OPA-LOCKA BOULEVARD SUITE 20 OPA LOCKA FL 33054	Mailing Address 490 OPA-LOCKA BOULEVARD SUITE 20 OPA LOCKA FL 33054
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3. Date Incorporated or Qualified 05/05/1981	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2106635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WICK, DANIEL A JR
490 OPA-LOCKA BLVD.
SUITE 20
OPA LOCKA FL 33054**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, MICHAEL		1.2 NAME	
STREET ADDRESS 4403 NE 73RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPGS FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, MARY A		2.2 NAME	
STREET ADDRESS 1829 NW 152ND ST		2.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL		2.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEMBERTON, DAVID MELBERT		3.2 NAME	
STREET ADDRESS 2520 N.W. 156TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SABIR, NASHID		4.2 NAME	
STREET ADDRESS 1370 NW 183RD STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE M	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WICK, DANIEL A., JR.		5.2 NAME	
STREET ADDRESS 490 OPA-LOCKA BLVD S-20		5.3 STREET ADDRESS	
CITY-ST-ZIP OPA-LOCKA FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLOWAY, WILBERT T.		6.2 NAME	
STREET ADDRESS 6231 N.W. 201 ST		6.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL		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: Daniel Wick Date: 4/10/98 Daytime Phone # 305-697-3915

CR2E037 (10/97)