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Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759351 (0)  
1. Corporation Name  
GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.



Principal Place of Business Mailing Address  
8350 NW 52ND TERR #101 MIAMI FL 33166-7706

3. Date Incorporated or Qualified 07/28/1981  
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 21  
2a. Mailing Address 26

4. FEI Number 59-2124958  
Applied For Not Applicable

22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
TANNEN, HAROLD  
84445 SW 80TH PLACE  
MIAMI FL 33143

10. Name and Address of New Registered Agent  
81 Name Repensek, Frank G.  
82 Street Address (P.O. Box Number is Not Acceptable) 8350 N.W. 52nd Terrace,  
83 Suite 101  
84 City Miami FL 85 Zip Code 33166

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

DATE 4/24/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	VD CASH, DAVID 9400 DADELAND BLVD. # 110 MIAMI GABLES FL 33158	1.1 TITLE	P= President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE	SD MARGOSHES, STANLEY 3305 SW 17TH AVE COCONUT GROVE FL	1.2 NAME	Cash, David W.
TITLE <input checked="" type="checkbox"/> DELETE	TD JEROSLAW, LOUISE T 1401 BRICKELL AVE. #700 MIAMI FL	1.3 STREET ADDRESS	3081 Salzedo Street
TITLE <input checked="" type="checkbox"/> DELETE	PD STEINBERG, PAUL B. 787 ARTHUR GODFREY RD MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE <input checked="" type="checkbox"/> DELETE	D FARR, NEAL E 1550 MAGRUDA AVE. #120 MIAMI FL	2.1 TITLE	VP= Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		2.2 NAME	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	100 S.E. 2nd Street, Suite 2800
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE <input checked="" type="checkbox"/> DELETE		4.1 TITLE	S= Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		4.2 NAME	Bernstein, Katherine
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	700 Brickell Avenue
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. I do 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 *[Signature]*

CR2E037 (9/96)