## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

759351

(0)

GUAR	DIANSHIP PROGRAM OF DA	ADE COUNTY, INC.								
Principal Plac	ce of Business	Mailing Address					IIIGI IFOI BIOIL OIO	A DIDIN BIRNI BI	IOR ORDIN NOOL	
7960 NW S3RD STREET Suite 301 Miam Fl 33166-7903		7950 NW SORD STREET SUITE 301 MIAMI FL 33166-7903			07,	3. Date Incorporated or Qualified  07/28/1981  4. FEI Number Applied For				
					59-	-2124958		N <sub>i</sub>	ot Applicable	
2. Principal Place of Business		28. Mailing Address 26			5. Certifica	ate of Status Desired	×		Additional equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				n Campaign Financin und Contribution	g 🔲	\$5.00 to be be A		
City & State		City & State			7. Is this r	nonprofit corporation			n?	
23 [ Zip	Country	28 Zip	Coul	ntrv	A This so	rporation owes or ha		No No	toposible	
24	25	29	30	,		al Property Tax due .			tangible █ No	
	9. Name and Address of Currer		100,			and Address of Nev			<del>-</del> .:-	
-				81 Name				<del></del>		
REPENSEK, FRANK G				82 Street	Address (P.O. Box	Number is Not Acce	ptable)			
STE 401-			Ì	B3	111 20	7				
- MAM FL 00166-				<b>84</b> City	Suite 30	·			Code	
		_	ļ		Miani		FL.	.    13/	Code 1903	
11. Pursuant	to the provisions of Bections 617.050 registered agent or both, in the state and lamiliar with and adopt the oblig	2 and 617.1508, Elorida Statut	tes, the ab	ove-named	corporation submit	ts this statement for t	he purpose of	changing i	ts registered	
agent. 1 a	and familiar with and accept the oblig	ations of Section 917.0503, FI	orida Stati	ites.	poration's board of	directors, i nereby a	ccept the app	biniment as	registered	
SIGNATURE	Hand X. To		rank	. G. 1	KLDENSE	K. EREC.	Dir.	4/00/	198	
	Signature, typed or printed name of registered age			Agent signatur	e required when reinstating		DATE	7-7		
12.	OFFICERS AN		13.		ADDITIO	NS/CHANGES TO O	FFICERS AND	Change		
TITLE	PD CACH DAMP W	☐ DELETE	1.1 TIT					M Change	☐ Addition	
NAME	CASH, DAVID W		1.2 N.4		2206 81	183 Terr	1			
STREET ADDRESS	- <del> </del>			REET ADDRESS			29			
CITY-ST-ZIP TITLE	VPD	DELETE	2.1 TIT	Y-ST-ZIP	Miramas	1 4 ( 336	739	Change	Addition	
NAME	MARGOSHES, STANLEY	back	2.2 NA		1			onange	C ADMINION	
STREET ADDRESS	3305 SW 17TH AVE			REET ADORESS						
CITY-ST-ZIP		3133		Y-ST-ZIP						
TITLE	TD TD	DELETE	3.1 111		<del> </del>		<del></del>	Change	Addition	
NAME	JEROSLAW, LOUISE T	<del></del>	3 2 N4							
STREET ADDRESS	100 S.E. 2ND ST, STE. 2800			EET AODRESS						
CITY-ST-ZIP	MIAMI FL 3	3131		Y-ST-ZIP	]					
TITLE	SD	DELETE	4.1 T T					Change	Addition	
NAME	BERNSTEIN, KATHERINE		4.21/	ME						
STREET ADDRESS	700 BRICKELL AVE	. 4.3	4.3 ST	EET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33	131	4.4 CIT	Y-ST-ZIP						
TITLE		DELETE	5.1 T T	.E				Change	Addition	
NAME			5.2 NA	ИE						
STREET ADDRESS			5.3 ST	EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP	ļ					
TITLE		☐ DELETE	6.1 T)T					Change	Addition	
NAME	1				1					
STREET ADDRESS	i		6.2 NA	AE EET ADDRESS						

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hereby certify that the information supplied will this filing does not qualify to 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 accordate 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 exposure 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 or an attachment with an address.

**FILED** 

May 18 1998 8:00am

Secretary of State