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**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90036 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N28570

1. Corporation Name  
**ATTORNEYS REAL ESTATE COUNCIL OF DADE COUNTY, IN C.**

117126 - 90036 - 9

Principal Place of Business: 9200 SO DADELAND BLVD, SUITE 308, MIAMI FL 33156, US  
 Mailing Address: 9200 SO DADELAND BLVD, SUITE 308, MIAMI FL 33156, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/20/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0073569</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ZIMMETT BLAIR I</b> <b>9200 SO DADELAND BLVD</b> <b>SUITE 308</b> <b>MIAMI FL 33156</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HANAFORDE, BRADLEY</b>			1.2 NAME			
STREET ADDRESS	<b>9200 SOUTH DADELAND BLVD, SUITE 308</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>MACKOUL, WALTER</b>			2.2 NAME	<b>WHITAKER, JOHN</b>		
STREET ADDRESS	<b>9200 SO DADELAND BLVD</b>			2.3 STREET ADDRESS	<b>9370 SUNSET DR SUITE A 255</b>		
CITY-ST-ZIP	<b>MIAMI FL 33156</b>			2.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZIMMETT, CRAIG</b>			3.2 NAME			
STREET ADDRESS	<b>9200 SO DADELAND BLVD, SUITE 308</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LAMCHICK, BRUCE</b>			4.2 NAME			
STREET ADDRESS	<b>9130 S DADELAND BLVD 1101</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33156</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **BRADLEY HANAFORDE** 1/6/99 305-670-5080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)