

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 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 # N45206 (2)
 1. Corporation Name
SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.



Principal Place of Business C/O DADELAND BANK- LARRY GOLDBERG 7545 N KENDALL DR MIAMI FL 33156 US	Mailing Address ROBERT F. MAHONEY P.A. 757 NW 41 TERRACE DEERFIELD BCH FL 33442 US
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3. Date Incorporated or Qualified 09/19/1991		
4. FEI Number 65-0428320	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input 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 checked="" 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 checked="" type="checkbox"/> No		

21. Principal Place of Business BANK - LARRY GOLDBERG Suite, Apt. #, etc.	22. 7545 N. KENDALL DR.	23. MIAMI, FL	24. 33156	25. USA	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent
MAHONEY, ROBERT F
757 NW 41 TERRACE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, GERALD	
STREET ADDRESS	4750 E SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, LARRY M	
STREET ADDRESS	7545 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ALAN LEVY	
STREET ADDRESS	10 NW 42 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAVERS, CAROL	
STREET ADDRESS	218 DATURA ST	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARMAN, MELANIE	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/S LEON, ALAN	
3.3 STREET ADDRESS	10 NW 42 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33126	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YOUNG, WALTER	
4.3 STREET ADDRESS	1751 WEST 49 STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33012	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D/T GARMAN, MELANIE	
5.3 STREET ADDRESS	2199 PONCE DE LEON BLVD	
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* **REQUIRED** 1/2/98 305-667-8401

CR2E037 (10/97)