

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90119 003 ****61.25

004472

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **N45206**

1. Corporation Name

SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.

147615-90119.13 5 *

Principal Place of Business

~~670 COLONIAL 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~~



2. Principal Place of Business

REPUBLIC
5/0 ALAN LEVY NATIONAL BANK
2800 PONCE DE LEON BLVD
KOROL GABLES, FL

Zip **33134** Country **US**

2a. Mailing Address

ROBERT F. MAHONEY PA
3801 N. FEDERAL HWY
POMPANO BEACH, FL

Zip **33064** Country **US**

3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

65-0428320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 **ROBERT F. MAHONEY**
 82 Street Address (P.O. Box Number is Not Acceptable)
3801 N. FEDERAL HWY.
 83 **POMPANO BEACH, FL**
 84 City **POMPANO BEACH** 85 Zip Code **33064**

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

ROBERT F. MAHONEY

(NO E: Registered Agent Signature required when reinstating)

1/9/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, LARRY M	
STREET ADDRESS	7545 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ALAN LEVY	
STREET ADDRESS	40 NW 42 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUNG, WALTER	
STREET ADDRESS	1751 WEST 40 STREET	
CITY-ST-ZIP	HALEAH FL 33012	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GARMAN, MELANIE	
STREET ADDRESS	2199 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALAN LEVY
2.3 STREET ADDRESS	2800 PONCE DE LEON BLVD,
2.4 CITY-ST-ZIP	KOROL GABLES, FL 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALTER HOUNG
3.3 STREET ADDRESS	40 WEST PALM BLVD,
3.4 CITY-ST-ZIP	WEST PALM BCH, FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEANETTE GARMAN
5.3 STREET ADDRESS	120 48 E. FLAGLER ST,
5.4 CITY-ST-ZIP	MIAMI FL 33131
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED LEVY

1/9/99 905-774-5037

Date Daytime Phone #

CR2E037 (11/98)