


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000003590 (7)
1. Corporation Name
DANIA HISTORIC ANTIQUE DISTRICT ASSOCIATION, INC



Principal Place of Business: 19 N FEDERAL HWY DANIA FL 33004
Mailing Address: P.O. BOX 845 DANIA FL 33004-0845 US

3. Date Incorporated or Qualified: 08/09/1993
4. FEI Number: 65-0435341
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: LEHMAN, RICHARD 3 N FEDERAL HWY DANIA FL 33004

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: *Richard Lehman, president* 2/26/98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDTSMAN, LINDA	
STREET ADDRESS	3 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEHMAN, RICHARD	
STREET ADDRESS	3 N FEDERAL HWY	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOSSOW, GOLDIE	
STREET ADDRESS	3 N. FEDERAL HWY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PhylYss Beaudet	
STREET ADDRESS	56 N. Federal Hwy	
CITY-ST-ZIP	Dania FL 33004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAROL CHRIST-MORALE	
STREET ADDRESS	26 N. Federal Hwy	
CITY-ST-ZIP	DANIA F 33004	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *PhylYss Beaudet* 2/26/98

CR2E037 (10/97)