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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003439

1. Corporation Name
THE HOUSING LEAGUE, INC.

Principal Place of Business 2901 SO. BAYSHORE DR. UNIT 6-B MIAMI FL 33133	Mailing Address 2901 SO. BAYSHORE DR. UNIT 6-B MIAMI FL 33133
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2. Principal Place of Business 21 2601 S. Bayshore Dr Suite, Apt. #, etc. 22 STE 1225 City & State 23 MIAMI, FL Zip 24 33133	2a. Mailing Address 26 2601 S. Bayshore Dr Suite, Apt. #, etc. 27 STE 1225 City & State 28 MIAMI, FL Zip 29 33133	3. Date Incorporated or Qualified 06/11/1998	4. FEI Number 65-084-1175 Applied For Not Applicable	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
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9. Name and Address of Current Registered Agent

FLICK, JERRY
2901 SO. BAYSHORE DR. UNIT 6-B
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name **RUTH A. BYDASH**
82 Street Address (P.O. Box Number is Not Acceptable) **7762 MIRAMAR PKWY**
83
84 City **MIRAMAR** FL 85 Zip Code **33023**

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 *Ruth A. Bydash, Secy* **RUTH A. BYDASH, SECY** 3-30-99
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	DP	<input type="checkbox"/> DELETE
NAME	FLICK, JERRY	
STREET ADDRESS	2901 SO. BAYSHORE DR., UNIT 6-B	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BYDASH, RUTH A	
STREET ADDRESS	870 N.W. 213 LANE, #202	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FREIWALD, THOMAS	
STREET ADDRESS	18040 N.W. 87TH AVE.	
CITY-ST-ZIP	MIAMI FL 33015	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS FREIWALD	
1.3 STREET ADDRESS	18040 NW 87 AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL 33015	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUTH A. BYDASH	
2.3 STREET ADDRESS	7762 MIRAMAR PARKWAY	
2.4 CITY-ST-ZIP	MIRAMAR FL 33023	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NANCY KLIVE	
3.3 STREET ADDRESS	2001 NW 106 AVE.	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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, with all other like empowered.

SIGNATURE: *Ruth A. Bydash, Secy* **SIGNATURE REQUIRED** 3-30-99 305-691-6866
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0030023
CR2E037 (1/98)