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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 725121

1. Corporation Name
THE VILLAGE SOUTH, INC.

Principal Place of Business
3180 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address
3180 BISCAYNE BLVD.
MIAMI FL 33137



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
12/28/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1452736

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GISSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME LIEBERMAN, HENRY
STREET ADDRESS 20220 HIGHLANDS LAKES BLVD.
CITY-ST-ZIP NO. MIAMI BEACH FL

1.1 TITLE D/S/T Change Addition
1.2 NAME Lieberman, Henry
1.3 STREET ADDRESS 1200 SW 137 Avenue, Apt. E-102
1.4 CITY-ST-ZIP Pembroke Pines, Florida 33024

TITLE ED DELETE
NAME GISSEN, MATTHEW
STREET ADDRESS 3180 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME HOLDER, JAY
STREET ADDRESS 5990 BIRD ROAD
CITY-ST-ZIP MIAMI FL

3.1 TITLE D/VP Change Addition
3.2 NAME Holder, Dr. Jay
3.3 STREET ADDRESS 5990 Bird Road
3.4 CITY-ST-ZIP Miami, Florida 33155

TITLE PD DELETE
NAME TREADWAY, DEEANN
STREET ADDRESS 1717 NORTH BAYSHORE DR. SUITE 3256
CITY-ST-ZIP MIAMI FL

4.1 TITLE D/P/C Change Addition
4.2 NAME Treadway, DeeAnne
4.3 STREET ADDRESS 1717 No. Bayshore Dr., Unit 3256
4.4 CITY-ST-ZIP Miami, Florida 33132

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME Jackson, James
5.3 STREET ADDRESS 1007 Green Pine Boulevard, Unit G3
5.4 CITY-ST-ZIP West Palm Beach, Florida 33409

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Ass't S/T Change Addition
6.2 NAME Grizzle, Nancy
6.3 STREET ADDRESS 10040 Sheridan Street, Apt. 202
6.4 CITY-ST-ZIP Pembroke Pines, Florida 33024

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: Nancy Grizzle Date: March 8, 1999 305-571-2628

Date

Daytime Phone #

CR2E037 (11/98)