

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90008 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #92100**

1. Corporation Name

DCA OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

~~% DAVID B. MCCAIN, ESQ.~~  
700 N.W. 107TH AVENUE, 40TH FLOOR  
MIAMI FL 33172

% DAVID B. MCCAIN, ESQ.  
700 N.W. 107TH AVENUE, 40TH FLOOR  
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1981

4. FEI Number

59-2105872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 700 NW 107 Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip Country

28

33172 USA

29

Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAIN, DAVID B., ESQ.  
700 N.W. 107TH AVENUE, 40TH FLOOR  
MIAMI FL 33172

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

NAME MILLER, LEONARD  
STREET ADDRESS 700 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME MILLER, STUART A  
STREET ADDRESS 700 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME MALCOLM, WAYNEWRIGHT  
STREET ADDRESS 700 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME PEKOR, ALLAN J.  
STREET ADDRESS 700 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME JAFFE, JONATHAN M.  
STREET ADDRESS 700 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME SIERRA, KATHLEEN E.  
STREET ADDRESS 700 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD  
Miller, Stuart A.  
700 N.W. 107 Ave  
Miami FL 33172

VS  
McCain, David B.  
700 N.W. 107 Ave.  
Miami FL 33172

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 607, 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID B. MCCAIN VICE PRESIDENT

1/21/99

Date

305 229-6400

Daytime Phone #

CR2E034 (11/98)