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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 704428

1. Corporation Name

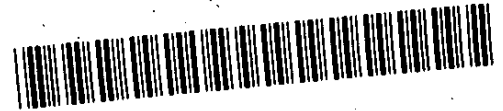
OPT-MRS CLUB OF MIAMI BEACH INC

Principal Place of Business

**% HELEN SEGAL
9111 E BAY HARBOR DR #3E
BAY HARBOR ISL FL 33154
US**

Mailing Address

**9111 E BAY HARBOR DR #3E
BAY HARBOR ISL FL 33154
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
08/17/1962

Applied For
Not Applicable

4. FEI Number
59-6159342

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HELEN SEGAL
9111 E BAY HARBOR DR #3E
BAY HARBOR ISL FL 33154**

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.

OFFICERS AND DIRECTORS

☐ DELETE

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Add

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
PLATT, JUDI
1564 DAYTONIA RD
MIAMI BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
HELEN SEGAL
9111 E BAY HARBOR DR #3E
BAY HARBOR ISL FL 33154**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VPD
MORRIS, MYRNA
9300 W BAY HARBOR DR #3B
BAY HARBOR ISL FL 33154**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**RSD
KUR, NORMA
4747 COLLINS AVE
MIAMI BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
WEINSTEIN, BERNICE
19925 NE 10TH PL WAY
NORTH MIAMI BCH FL 33179**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
PLATT, JUDI
1564 DAYTONIA RD
MIAMI BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

13.

1.1 TITLE

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

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 REQUIRED

Helen Segal

1/15/99 (305) 826-
Date Daytime Phone #