

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 708828 (9)

1. Corporation Name
THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLO RIDA, INC.



Principal Place of Business Mailing Address
5555 BISCAYNE BLVD 5555 BISCAYNE BLVD
MIAMI FL 33137 MIAMI FL 33137
US US

3. Date Incorporated or Qualified
03/24/1965

4. FEI Number Applied For
59-0839562 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

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MESSER, MICHAEL E
5555 BISCAYNE BLVD
MIAMI FL 33137**

10. Name and Address of New Registered Agent

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		<input type="checkbox"/> DELETE
TITLE	PP	<input type="checkbox"/> DELETE
NAME	REED, BEN	
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	2VPD	<input type="checkbox"/> DELETE
NAME	KIRSH, WILLIAM	
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	1VP	<input type="checkbox"/> DELETE
NAME	SALAZAR, HELEN	
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WIENER, LARRY	
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUPER, RICHARD	
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAYNE, LISA	
STREET ADDRESS	5555 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEN REED	
1.3 STREET ADDRESS	5555 BISCAYNE BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
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	SECRETARY/TREASURER (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARRY WIENER	
4.3 STREET ADDRESS	5555 BISCAYNE BLVD	
4.4 CITY-ST-ZIP	MIAMI, FL 33137	
5.1 TITLE	PAST PRESIDENT (PPD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD KUPER	
5.3 STREET ADDRESS	5555 BISCAYNE BLVD	
5.4 CITY-ST-ZIP	MIAMI, FL 33137	
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: *Michael Messer*

305/759-8500

CR2E037 (10/97)