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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 708828

1. Corporation Name

THE ASSOCIATION FOR RETARDED CITIZENS, SOUTH FLO RIDA, INC.

Principal Place of Business

5555 BISCAYNE BLVD  
MIAMI FL 33137  
US

Mailing Address

5555 BISCAYNE BLVD  
MIAMI FL 33137  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/24/1965

4. FEI Number

59-0839562

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

TITLE PD  DELETE

NAME REED, BEN  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE 2VPD  DELETE

NAME KIRSH, WILLIAM  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE 1VP  DELETE

NAME SALAZAR, HELEN  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE STD  DELETE

NAME WIENER, LARRY  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE PPD  DELETE

NAME KUPER, RICHARD  
STREET ADDRESS 5555 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33137

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99

305-757-8500

CR2E037 (1/98)