FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

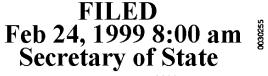
DOCUMENT # 708828

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

Principal Place of Busin	8
5555 BISCAYNE BLVD MIAMI FL 33137	

Mailing Address

5555 BISCAYNE BLVD MIAMI FL 33137



02-24-1999 90164 028 ****61.25

US	s ·		U	S				T 100%) (2001) 20% (1010) 104% (104%) 106% (104%) 106%			
2. 21	Principal Place of Busin	ness	2a 26	. Mailing Address	•			Date Incorporated or Qualifed 03/24/1965		,	
22	Suite, Apt. #, etc.	<u></u>	27	Suite, Apt. #, etc.				FEI Number .59-0839562	_	Applied For Not Applicable	
23	City & State	wind?	28	City & State	-		5.	Certificate of Status Desired	•	75 Additional e Required	
24	Zip	Country 25	29	Zíp Cou	untry	,		Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
					81	Name					
MESSER, MICHAEL E 5555 BISCAYNE BLVD			82	Street Address (P.O. Box Number is Not Acceptable)							
	MIAMI FL 33137	iu			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: Re	egistered Agent signature re-	quired when reinstating) DATE					
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition			
NAME.	REED, BEN		1.2 NAME						
STREET ADDRESS	5555 BISCAYNE BLVD		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	·					
TITLE	2VPD	☐ DELETE	2.1 TITLE	•	Change	☐ Addition			
NAME	KIRSH, WILLIAM		2.2 NAME	ì					
STREET ADDRESS	5555 BISCAYNE BLVD		2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP						
TITLE	1VP	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME	SALAZAR, HELEN		3.2 NAME						
STREET ADDRESS	5555 BISCAYNE BLVD		3.3 STREET ADORESS						
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY+ST-ZIP						
TITLE	STD	☐ DELETE	4.1 TITLE		Change	☐ Addition			
NAME	WIENER, LARRY		4.2 NAME			,			
STREET ADDRESS	5555 BISCAYNE BLVD		4.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY-ST-ZIP						
TITLE	PPD	DELETE	5.1 TITLE	,	Change	Addition			
NAME	KUPER, RICHARD		5.2 NAME						
STREET ADDRESS	5555 BISCAYNE BLVD		5.3 STREET ADDRESS	: 					
CITY-ST-ZIP	MIAMI FL 33137		5.4 CITY-ST-ZIP	·					
TITLE	***	☐ DELETE	6.1 TITLE		Change Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS		•	6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP	in Outline 440 07/2VI) Floride Statutes I further or	-1/E - 10 - 1 - 1 - 1				

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.