

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709798 (3)
 1. Corporation Name
CORAL GABLES EMPLOYEES' ASSOCIATION, INC.



Principal Place of Business 10680 NW 25 ST., STE 202 MIAMI FL 33172	Mailing Address PO BOX 140981 CORAL GABLES FL 33134 US
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3. Date incorporated or Qualified 10/22/1965	
4. FEI Number 59-1676537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
CASEY, JAMES C.
10680 NW 25 ST
STE 202
MIAMI FL 33172

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SMITH, MARVIN	<input type="checkbox"/> DELETE
STREET ADDRESS 14532 SW 107 PL	CITY-ST-ZIP MIAMI, FL 00000	
TITLE V	NAME WESTBROOK, CHARLES	<input type="checkbox"/> DELETE
STREET ADDRESS 7706 NW 15 AVE	CITY-ST-ZIP MIAMI, FL 00000	
TITLE V	NAME SPIVEY, JEANIE A.	<input type="checkbox"/> DELETE
STREET ADDRESS 20715 GULFSTREAM DR	CITY-ST-ZIP MIAMI FL	
TITLE TD	NAME MILLINGS, SHANTELL	<input type="checkbox"/> DELETE
STREET ADDRESS 14322 SW 110 AVENUE	CITY-ST-ZIP MIAMI FL	
TITLE SD	NAME WALLACE, SYLVIA	<input type="checkbox"/> DELETE
STREET ADDRESS 11250 SW 138 TERR	CITY-ST-ZIP MIAMI FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Westbrook, Charles
2.3 STREET ADDRESS	890 N.E. 138 St.
2.4 CITY-ST-ZIP	North Mia, FL 33161
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	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Millings, Shantell
4.3 STREET ADDRESS	10301 S.W. 146 Terr.
4.4 CITY-ST-ZIP	Miami, FL 33176
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 as an attachment with an address.

SIGNATURE: Sylvia Wallace SYLVIA WALLACE, SECRETARY 7/13/98 (305) 460-5025
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)