

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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<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>10/22/1965</b>	
4. FEI Number <b>59-1676537</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 <b>PD</b>	NAME <b>SMITH, MARVIN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>14532 SW 107 PL</b>	CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE <b>V</b>	NAME <b>WESTBROOK, CHARLES</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>7706 NW 15 AVE</b>	CITY-ST-ZIP <b>MIAMI, FL 00000</b>	
TITLE <b>V</b>	NAME <b>SPIVEY, JEANIE A.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>20715 GULFSTREAM DR</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>TD</b>	NAME <b>MILLINGS, SHANTELL</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>14322 SW 110 AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>SD</b>	NAME <b>WALLACE, SYLVIA</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>11250 SW 138 TERR</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
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	<b>2nd Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Westbrook, Charles</b>
2.3 STREET ADDRESS	<b>890 N.E. 138 St.</b>
2.4 CITY-ST-ZIP	<b>North Mia, FL 33161</b>
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	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Millings, Shantell</b>
4.3 STREET ADDRESS	<b>10301 S.W. 146 Terr.</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33176</b>
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)