


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709798
 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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/22/1965
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1676537
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
24	25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASEY, JAMES C. 10680 NW 25 ST STE 202 MIAMI FL 33172		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARVIN	1.2 NAME	
STREET ADDRESS	14532 SW 107 PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTBROOK, CHARLES	2.2 NAME	ROSSO, GEORGE
STREET ADDRESS	890 NE 138TH ST	2.3 STREET ADDRESS	9963 SW 157 ST
CITY-ST-ZIP	NORTH MIAMI FL 33161	2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVEY, JEANIE A.	3.2 NAME	
STREET ADDRESS	20715 GULFSTREAM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLINGS, SHANTELL	4.2 NAME	
STREET ADDRESS	10301 SW 146TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, SYLVIA	5.2 NAME	
STREET ADDRESS	11250 SW 138 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sylvia Wallace* SYLVIA WALLACE 1/12/99 (305)460-5058

CR2E037 (11/98)