


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90113 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710208**  
 1. Corporation Name  
**HAVEN HOUSE NO. 5 INC. A CONDOMINIUM**

450281-90238-44

Principal Place of Business 1450 N.E. 36 STREET SUITE #105 POMPANO BEACH FL 33064-6267 US	Mailing Address 1450 N.E. 36 STREET SUITE #105 POMPANO BEACH FL 33064-6267 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 01/17/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1154780
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>SHOAF, GERALD "JERRY"</b> 1450 N.E. 36 STREET APT. #105 POMPANO BEACH FL 33064	10. Name and Address of New Registered Agent 81 Name <b>SHOAF, BETTY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1450 N.E. 36 STREET #105</b> 83 <b>APT. #105</b> 84 City <b>POMPANO BEACH</b> 85 Zip Code <b>FL 33064</b>
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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: *Betty Shoaf, President* DATE: **4-26-1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHOAF, GERALD "JERRY"</b>		1.2 NAME <b>SHOAF, BETTY</b>	
STREET ADDRESS <b>1450 N.E. 36 STREET, APT. #105</b>		1.3 STREET ADDRESS <b>1450 NE 36 STREET, APT. #105</b>	
CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>		1.4 CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHOAF, BETTY</b>		2.2 NAME <b>RYAN, PAT</b>	
STREET ADDRESS <b>1450 N.E. 36 STREET #105</b>		2.3 STREET ADDRESS <b>1450 NE 36 STREET #304</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		2.4 CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEDOUX, LUCILLE</b>		3.2 NAME <b>SHOAF, GERALD</b>	
STREET ADDRESS <b>1450 N.W. 36TH STREET, #305</b>		3.3 STREET ADDRESS <b>1450 NE 36 STREET #105</b>	
CITY-ST-ZIP <b>POMPANO FL 33064</b>		3.4 CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LIDDLE, EDWARD</b>		4.2 NAME <b>BYRNE, PEGGY</b>	
STREET ADDRESS <b>1450 N.E. 36 STREET #109</b>		4.3 STREET ADDRESS <b>1450 NE 36 STREET #207</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064-6267</b>		4.4 CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PIGEON, RENE</b>		5.2 NAME	
STREET ADDRESS <b>1450 N.E. 36 STREET, #307</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>		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: *Betty Shoaf* DATE: **4-10-99** PHONE: **954-941-5625**

CR2E037 (1/98)