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Feb 22, 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 # 710522

1. Corporation Name

BROMELIAD SOCIETY OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business

% FAIRCHILD TROPICAL GARDEN
10901 OLD CUTLER RD.
MIAMI FL 33156-4296

Mailing Address

11000 S.W. 77 CT. CIRCLE
MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/15/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1891192	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

DE LEON, NAT
11000 S.W. 77 CT. CIR.
MIAMI FL 33156

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	FL

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CONNIE	1.2 NAME	
STREET ADDRESS	7870 SW 89TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEPPER, VIRGINIA	2.2 NAME	MARTHA KENT
STREET ADDRESS	8255 SW 97TH ST	2.3 STREET ADDRESS	7640 SW 60 Ave
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANELLI, PENIEL	3.2 NAME	
STREET ADDRESS	2827 SW 2ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, ED	4.2 NAME	
STREET ADDRESS	11220 SW 107 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ELAINE	5.2 NAME	
STREET ADDRESS	9735 SW 138TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, FRANK	6.2 NAME	KARL GREEN
STREET ADDRESS	7300 SW 131 ST	6.3 STREET ADDRESS	6104 SW 152 ST
CITY-ST-ZIP	MIAMI FL 33156	6.4 CITY-ST-ZIP	Miami, FL 33157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/12/99 (305) 383-5721