

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90029 014 \*\*\*\*61.25

DOCUMENT # 716683

1. Corporation Name

SOUTHEAST FLORIDA RENTAL ASSOCIATION, INC.

Principal Place of Business  
425 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146-2202

Mailing Address  
425 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146-2202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		06/09/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-1662319	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

POE, FRANK H  
211 RIDGEWOOD RD  
CORAL GABLES FL 33133

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

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	
P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRK RUSHING X	James Anderson	1.2 NAME	
12800 NW 7TH AVE	Poes Rentals	1.3 STREET ADDRESS	
MIAMI FL 33168 XXX	7001 W. 4 Ave.	1.4 CITY-ST-ZIP	
VP	Hialeah, FL 33012	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PARENT, GARY	Ira Fine	2.2 NAME	
11328 OKEECHOBEE BLVD	3030 Congress Ave	2.3 STREET ADDRESS	
ROYAL PALM BEACH FL 33495	Boynton Bch, FL 33495	2.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELUGA, STAN		3.2 NAME	
2721 S.W. 69TH COURT		3.3 STREET ADDRESS	
MIAMI FL		3.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POE, FRANK		4.2 NAME	
425 S DIXIE HWY		4.3 STREET ADDRESS	
CORAL GABLES, FL 33146		4.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KAPLAN, SANDY		5.2 NAME	
5140 S. STATE ROAD		5.3 STREET ADDRESS	
FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)