FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717398

(2)

THE STARTING PLACE, INC.

FILED Jan 26 1998 8:00am Secretary of State

THE STARTING PLACE, INC.											
Principal Place of Business		Mailing Address					T		1011 B1011 B1311	BISIN BIBNIN	ĮI.
2057 COOLIDGE HOLLYWOOD FE			2057 COOLIDGE STREET HOLLYWOOD FL 33020				3. Date Incorporated or Qualified 10/21/1969				
							4. FEI Number		- +	Applied Fo	
6 Delaniani D	lane of Business	2a Moiling A	ddroce				23-7047895			Not Applica	
2. Principal P	lace of Business	2a. Mailing Address 26					5. Certificate of Status Desired	X	+	5 Additions Required	al
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State	е	City & State					7. Is this nonprofit corporation a ho	omeown	ers associa	tion?	
23		28					☐ Yes 🗶 No				
Zip	Country	Zip Count					8. This corporation owes or has paid the current year Intangible				
24			29 30				Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre	nt Registered Ager	nt				10. Name and Address of New Re	gistered	i Agent		
				81	Nam	θ					
	d, marge . 15th street			82	Stree	l Addres	ddress (P.O. Box Number is Not Acceptable)				
DANIA F				83							
				84	City			FI	65 Z	ip Code	
office or a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	le of Florida. Such ch	nanda was auth	norized by	/ the co	d corpo orporatio	ration submits this statement for the pin's board of directors. I hereby acce	ourpose pt the ap	of changing pointment	its registe as registere	ed
SIGNATURE .	Signature, typed or printed name of registered as		WOTE D	paintered And	nt alouat	wa tanukan	when reinstating)	DATE			
12.		ND DIRECTORS	H. STOPI)	13.	ant signati	JIO TOQUESO	ADDITIONS/CHANGES TO OFFIC		ND DIRECT	ORS IN 12	
TITLE	PD		DELETÉ	1.1 TITLE					☐ Chang		
NAME	LESSARD, MARGE			1,2 NAME							
STREET ADDRESS	243 S.W. 15TH STREET			1.3 STREET	ADDRESS	,					
CITY-ST-ZIP	DANIA FL			1.4 CITY - S							
TITLE	S		DELETE	2.1 TITLE		 			Chang	je 🔲 Add	dition
NAME	YOUNG ANDREA			2.2 NAME							
STREET ADDRESS	124 SW 98TH LANE			2.3 STREET	ADDRESS	,					
CITY-ST-ZIP	CORAL SPRINGS FL			2. 4 CITY+	ST-71P						
TITLE	VPD		DELETÉ	3.1 TITLE		1			Chang	e 🔲 Ado	dition
NAME	MARSHALL D. PLATT, ESQ.			3.2 NAME		1					
STREET ADDRESS	4601 SHERIDAN STREET			3.3 STREET	ADDRESS	3					
CITY-ST-ZIP	HOLLYWOOD FL			3.4. CITY - 5	ST-ZIP						
TITLE	D		DELETE	4.1 TITLE					Chang	e 🔲 Add	dition
NAME	SHAFFER, SHELDON			4. 2 NAME							
STREET ADDRESS	1000 N. NORTH LAKE DR.			4.3 STREET	ADDRESS	5					i
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY - S	T-ZIP					/	
TITLE	D		DELETE	5.1 TITLE					// Chang	e ☐ Ado	dition
NAME	CASALE, MARK			5.2 NAME		1			X //)	n .	
STREET ADDRESS	841 CYPRESS PT DR. E.			5.3 STREET	ADDRESS	s		1	11/2	! 1/2	
CITY-ST-ZIP	PEMBROKE PINES FL			5.4 CITY - S	T-ZIP			10	10	0	
TITLE			DELETE	6.1 TITLE			60000241	50	Chang	e 🔲 Add	dition
NAME				6.2 NAME			-01/27/980103	**************************************	116		
STREET ADDRESS				6.3 STREET	ADDRESS	s	***70.00	,	1 20 00		
OUT OF THE				CACITY C	T 710		TOTAL CONTRACTOR				

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 attagrament with an address.

LOWELLE Alethon Alethon

1/9/99

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NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 717398 THE STARTING PLACE, INC. Mailing Address Principal Place of Business 2057 COOLIDGE STREET 2057 COOLIDGE STREET 3. Date Incorporated or Qualified HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 10/21/1969 Applied For 4. FEI Number Not Applicable 23-7047895 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired X Fee Reguired 21 26 Suite, Apt. #, etc. \$5.00 May Be Sulte, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Zip Country Ζiρ 8. This corporation owes or has paid the current year Intangible Country Yes Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LESSARD, MARGE Street Address (P.O. Box Number is Not Acceptable) 82 243 S.W. 15TH STREET 83 **DANIA FL 33004** 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETÉ Change Addition 1.1 TITLE TITLE LESSARD, MARGE 1.2 NAME NAME 243 S.W. 15TH STREET 1.3 STREET ADDRESS STREET ADDRESS **DANIA FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE YOUNG ANDREA 2.2 NAME NAME 124 SW 98TH LANE 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MARSHALL D. PLATT, ESQ. 3.2 NAME NAME STREET ADDRESS **46**01 SHERIDAN STREET 3.3 STREET ADDRESS HOLLYWOOD FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE SHAFFER, SHELDON 4 2 NAME NAME 1000 N. NORTH LAKE DR. 4.3 STREET ADDRESS STREET ADDRESS **HOLLYWOOD FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME CASALE, MARK 5.2 NAME 841 CYPRESS PT DR. E. 5.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 5.4 CITY-ST-ZIP 6000024129 Hebanoe -01/27/98--01033--016 DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ***70.00 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 attantion with an address. 1/9/99 954 926 6911