## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 717398**

1. Corporation Name

THE STARTING PLACE, INC.

Principal Place of Business
2057 COOLIDGE STREET
HOLLYWOOD FL 33020

Mailing Address

2057 COOLIDGE STREET HOLLYWOOD FL 33020

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

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South   Sout	City & Stat	е	28	City & State	e			-	5. Certificate of Status Desired	. <b>⊠</b> X				
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the about of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Style of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Style of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Style of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Style of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Style of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Style of Florids. Statutes, the appointment as registered agent. I have been a statute, the appointment as registered agent. I have been added the corporation submits this statement for the purpose of changing its registered agent. I have been added the corporation submits this statement for the purpose of changing its registered agent. I have been added the corporation submits this statement for the purpose of changing its registered agent. I have been added the corporation submits this statement for the purpose of changing its registered agent. I have been added the corporation submits this statement for the purpose of changing its registered agent. I have been added the corporation submits this statement for the purpose of changing its registered agent. I have been added the corporatio									6. Election Campaign Financing	\$5.00 May E		lay Be		
9. Name and Address of Current Registered Agent  81 Name LESSARD, MARGE 243 S.W. 15TH STREET DANIA FL 33004  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  84 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code	24						Trust Fund Contribution Adde					ded to	Fees	
LESSARD, MARGE 243 S.W. 15TH STREET DANIA FL 33004  82   Street Address (P.O. Box Number is Not Acceptable)  83   A 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 agent. I am emiliar with, and ecceptive-sergificinos of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am emiliar with, and acceptive-sergificinos of, Section 612.0587, Florida Statutes.  SIGNATURE   Marge Lessard   Marge L	<del>- 1</del> .		t Regis	tered Agent				10. Name and Address of New F	Registered /	Agent				
243 S.W. 15TH STREET DANIA FL 33004  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 agent. I am familiar with, and cappt shapefagions of, Section 612,0594 Florida Statutes, agent. I am familiar with, and cappt shapefagions of, Section 612,0594 Florida Statutes, agent. I am familiar with, and cappt shapefagions of, Section 612,0594 Florida Statutes, agent. I am familiar with, and cappt shapefagions of, Section 612,0594 Florida Statutes, agent. I am familiar with, and cappt shapefagions of, Section 612,0594 Florida Statutes, agent and special shapefagions of, Section 612,0594 Florida Statutes, agent and special shapefagions of, Section 612,0594 Florida Statutes, agent and special shapefagions of, Section 612,0594 Florida Statutes, agent and special shapefagions of, Section 612,0594 Florida Statutes, agent and special shapefagions of, Section 612,0594 Florida Statutes, agent and special shapefagions of, Section 612,0594 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and submits as the post of directors. I hereby accept the appointment as registered and shapefagions of, Section 512,0594 Florida Statutes, the above-named corporation submits is statement for the purpose of changing its registered agent and submits as the post of directors. I have a post of directors.						81	Name							
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SIGNATURE Signat	office or r	egistered agent, or both, in the State	of Floric	la. Such cha	nge was auth	orized by	the corpo	ration'	's board of directors. I hereby accer	ot the appoir	itment	as regi	stered	
Signature, typed or printed name of registered agent and mys/propietable. (POTE Registered Agent stypeature required within mediatory)  12. OFFICERS AND DIRECTORS  ITILE  PD LESSARD, MARGE LESSARD, MARGE LESSARD, MARGE LESSARD, MARGE 12 NAME LESSARD, MARGE 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZP DANIA FL 14 CITY-ST-ZP DANIA FL 124 SW 98TH LANE CORAL SPRINGS FL 124 SW 98TH LANE CORAL SPRINGS FL 127 NAME MARSHALL D. PLATT, ESO. 32 NAME MARSHALL D. PLATT, ESO. 33 STREET ADDRESS 33 STREET ADDRESS 4601 SHERIDAN STREET D  MARSHALL D. PLATT, ESO. 4601 SHERIDAN STREET HOLLYWOOD FL  TITLE D  SHAFFER, SHELDON STREET ADDRESS HOLLY-ST-ZP HOLLYWOOD FL  TITLE D  CASALE, MARK STREET ADDRESS STREET					/	Statutes	1	_						
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   PD	SIGNATURE	Marge Lessard		1		ristered Agen	t signature re	vorticed w	then reinstation)	1/4/99			<del></del>	
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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: