
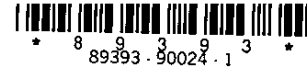


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90024 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 719691</b>					
1. Corporation Name <b>ATLANTIC COAST LODGE #466 F. AND A.M. INC.</b>					
Principal Place of Business <b>C/O DANIEL A. COX</b> <b>1977 NW 55TH STREET</b> <b>MIAMI FL 33142</b> <b>US</b>			Mailing Address <b>C/O DANIEL A. COX</b> <b>1977 NW 55TH STREET</b> <b>MIAMI FL 33142</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/16/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2722370	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COX, DANIEL A</b> <b>1977 N.W. 55TH STREET</b> <b>MIAMI FL 33142</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEMPHILL, LACY			1.2 NAME			
STREET ADDRESS	1340 NW 95TH STREET, #232			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, WILLIE B			2.2 NAME			
STREET ADDRESS	19221 NE 10 AVE., APT. 522			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EASON, JACOB			3.2 NAME			
STREET ADDRESS	19301 N.W. 37CT.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAROL CITY FL 33055			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, DANIEL A			4.2 NAME			
STREET ADDRESS	1977 N.W. 55TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKINNEY, CALVIN			5.2 NAME			
STREET ADDRESS	1550 N.W. 51ST STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARLES, OTIS			6.2 NAME			
STREET ADDRESS	8720 N.W. 14TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			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: Daniel A. Cox Daniel A. Cox, R.A.D. 2-12-99 305 635-8783  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)