

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722782** (0)
1. Corporation Name
MIAMI LAKES BUSINESS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
15505 BULL RUN ROAD SUITE 264 MIAMI LAKES FL 33014	15505 BULL RUN ROAD SUITE 264 MIAMI LAKES FL 33014

3. Date Incorporated or Qualified 02/28/1972	
4. FEI Number 59-1735450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 7393 MIAMI LAKES DR	26 7393 MIAMI LAKES DR		
Suite, Apt. #, etc. 22 222	Suite, Apt. #, etc. 27 222		
City & State 23 MIAMI LAKES FL	City & State 28 MIAMI LAKES FL		
Zip 24 33014	Country 25	Zip 29 33014	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEATHERS, EDWIN E
6843 MAIN ST
MIAMI LAKES FL 33014

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, J LADD	
STREET ADDRESS	7350 POINCIANA CT	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVELINE, DAVE	
STREET ADDRESS	16415 NW 67TH AVE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, PAUL	
STREET ADDRESS	15494 EAGLE NEST LN, STE 100	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PLOTKIN, DAVID	
STREET ADDRESS	15505 BULL RUN ROAD #264	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DENNISON, JOHN	
STREET ADDRESS	6710 MAIN ST., SUITE 233	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, JAN	
STREET ADDRESS	16455 NW 67 AVE	
CITY - ST - ZIP	MIAMI LAKES FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A J HOSEA (4)	
1.3 STREET ADDRESS	6710 MAIN ST #237	
1.4 CITY - ST - ZIP	MIAMI LAKES FL 33014	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARLENE NAYLOR	
3.3 STREET ADDRESS	15535 MIAMI LAKEWAY N #205	
3.4 CITY - ST - ZIP	MIAMI LAKES FL 33014	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7834 NW 178 RT	
4.4 CITY - ST - ZIP	HAIALEAH FL 33015	
5.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHUCK DORWAY	
5.3 STREET ADDRESS	1434 S. MIAMI AVE	
5.4 CITY - ST - ZIP	MIAMI FL 33130	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARA L. FALERO	
6.3 STREET ADDRESS	6600 COW PEN RD	
6.4 CITY - ST - ZIP	MIAMI LAKES 33014	

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.

SIGNATURE: *Marlene F. Naylor* MARLENE F. NAYLOR 2/8/98 (305) 821-5866

CR2E037 (10/97)