


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 725758

1. Corporation Name

THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

Principal Place of Business

2801 N MIAMI AVE
 MIAMI FL 33127
 US

Mailing Address

2801 NORTH MIAMI AVENUE
 MIAMI FL 33127-3331



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	03/08/1973
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-1718540
23	City & State	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30		

9. Name and Address of Current Registered Agent

SALIMINO, TOM
 10445 S.W. 114 TERRACE
 MIAMI FL 33176

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-8-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D Rick Baker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASOW, ANDREW	1.2 NAME	1380 NE Miami Gardens Dr. #125
STREET ADDRESS	8603 S. DIXIE HWY., STE. 401	1.3 STREET ADDRESS	North Miami Beach, Fl. 33179
CITY-ST-ZIP	SOUTH MIAMI FL 33146	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILIAN, MARY H	2.2 NAME	Firpo Garcia, DDS
STREET ADDRESS	525 BARGELLO	2.3 STREET ADDRESS	13020 SW 88th Terrace
CITY-ST-ZIP	CORAL GABLES FL 33147	2.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONOR, RIVACOBA M	3.2 NAME	Manuel Alonso-Poch, Esq
STREET ADDRESS	2000 N.W. 92 AVENUE	3.3 STREET ADDRESS	2100 Ponce de Leon Blvd., Suite 1170
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SALIMINO, TOM	4.2 NAME	400002814624-5
STREET ADDRESS	10445 S.W. 14 TERRACE	4.3 STREET ADDRESS	-03/23/99-01007-012
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	*****8.75 *****8.75
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BERNSTEIN, HOWARD	5.2 NAME	400002814624-5
STREET ADDRESS	1500 N.W. 62 STREET, STE. 404	5.3 STREET ADDRESS	-03/23/99-01007-013
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MURPHY, CAROL	6.2 NAME	
STREET ADDRESS	2701 S. BAYSHORE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

DATE

305-573-3737

DAYTIME PHONE #

0029067

CR2E037 (11/98)