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May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731769 (6)  
1. Corporation Name  
CONCERNED CITIZENS OF NORTHEAST DADE COUNTY, INC



Principal Place of Business Mailing Address  
251 174TH STREET 251 174TH STREET  
#1704 #1704  
SUNNY ISLES FL 33160 SUNNY ISLES FL 33160

2. Principal Place of Business 2a. Mailing Address  
21 2750 NE 183 ST 26 2750 NE 183 ST  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 AVENTURA, FL. 33160 27 APT T 1704  
City & State City & State  
23 AVENTURA FL. 28 AVENTURA FL.  
Zip Zip  
24 33160 25 DADE 29 33160 30 DADE

3. Date Incorporated or Qualified  
01/31/1975  
4. FEI Number Applied For  
NOT APPLICABLE Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. Is this nonprofit corporation a homeowners association?  
Yes No  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
SAMSON, DAVID 81 Name  
251 174TH STREET 82 Street Address (P.O. Box Number is Not Acceptable)  
#1704 2750 N.E. 183 ST.  
SUNNY ISLES FL 33160 83  
84 City 85 Zip Code  
AVENTURA FL 33160

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, 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: Leonard Geller DATE: 6 April 1998  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	DELETE	1.1 TITLE	SECT. DIRECTOR	Change	Addition	
NAME	MANNING, EDITH		1.2 NAME	IRVING M. DIAMOND			
STREET ADDRESS	17560 ATLANTIC BLVD.		1.3 STREET ADDRESS	251 174TH ST. APT. 214			
CITY-ST-ZIP	SUNNY ISLES FL		1.4 CITY-ST-ZIP	SUNNY ISLES BEACH FL. 33160			
TITLE	P	DELETE	2.1 TITLE	PRES. DIRECTOR	Change	Addition	
NAME	SAMSON, DAVE		2.2 NAME	LEONARD GELLER			
STREET ADDRESS	251-174 STREET		2.3 STREET ADDRESS	2750 NE 183 ST.			
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	AVENTURA, FL. 33160			
TITLE	VD	DELETE	3.1 TITLE	V.P. DIRECTOR	Change	Addition	
NAME	SCHECTMAN, IRVING		3.2 NAME	EVELYN SCHENGRUND			
STREET ADDRESS	250-174 ST		3.3 STREET ADDRESS	2750 NE 183 ST			
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4 CITY-ST-ZIP	AVENTURA FL. 33160			
TITLE	VD	DELETE	4.1 TITLE	V.P. DIRECTOR	Change	Addition	
NAME	MANNING, MARVIN		4.2 NAME	SHARWOOD J. SHANE			
STREET ADDRESS	17560 ATLANTIC BLVD		4.3 STREET ADDRESS	3550 NE 169 ST.			
CITY-ST-ZIP	SUNNY ISLES FL		4.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL. 33160			
TITLE	TP	DELETE	5.1 TITLE		Change	Addition	
NAME	AZZATIO, ANTHONY		5.2 NAME				
STREET ADDRESS	200-177TH DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	SUNNY ISLE FL		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE: *Gerwin M. Mann* 4/6/98 303 922-0800

CR2E037 (10/97)