

FILE NOW: FILING FEE IS \$61.25

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Feb 05 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 # **741750** (4)
 1. Corporation Name
DEAF SERVICE'S BUREAU, INC.



Principal Place of Business 1320 SOUTH DIXIE HWY SUITE 760 MIAMI FL 33146 US	Mailing Address 1320 SOUTH DIXIE HWY SUITE 760 MIAMI FL 33146 US
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3. Date Incorporated or Qualified 02/01/1978
4. FEI Number 59-1872983
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 21 1320 S. Dixie Hwy. Suite, Apt. #, etc. 22 760 City & State 23 Miami, FL Zip 24 33146 Country 25 USA	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 " City & State 28 " Zip 29 " Country 30 "
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9. Name and Address of Current Registered Agent MARC A DOUTHIT 10800 BISCAYNE BLVD 950 MIAMI FL 33161	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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]* **EX. Director** DATE **1/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC A DOUTHIT	1.2 NAME	
STREET ADDRESS	10800 BISCAYNE BLVD 950	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUKHIT, MARK	2.2 NAME	Gerald W. Rainey
STREET ADDRESS	5929 SW 59 STREET	2.3 STREET ADDRESS	20271 NW 105TH
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL M EXELBERT	3.2 NAME	Sherry Cox
STREET ADDRESS	8260 SW 93RD ST	3.3 STREET ADDRESS	150 W. Flayler St # 1901
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, REGO	4.2 NAME	Ralph Ventura
STREET ADDRESS	9100 S. DADELAND BLVD	4.3 STREET ADDRESS	2250 SW 3 Avenue
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID L KILLAM	5.2 NAME	
STREET ADDRESS	15142 SW 171 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 to this report.

SIGNATURE: *[Signature]*

CR2E037 (10/97)