


FILED
Jan 23, 1999 8:00am
Secretary of State

Abstract

| | | | | | | |
|---|--|---|--|--|----|----------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | |
| DOCUMENT # 742834 | | | | | | |
| 1. Corporation Name WOMEN'S CENTER, INC. | | | | | | |
| Principal Place of Business 111 MAJORCA AVE 8 CORAL GABLES FL 33134 US | | | Mailing Address 111 MAJORCA AVE B CORAL GABLES FL 33134 US | | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | |
| 21 Suite, Apt. #, etc. | | | 26 Suite, Apt. #, etc. | | | |
| 22 City & State | | | 27 City & State | | | |
| 23 Zip Country | | | 28 Zip Country | | | |
| 24 25 | | | 29 30 | | | |
| 9. Name and Address of Current Registered Agent | | | | | | |
| SCHOLZ-RUBIN, SUSAN D. 111 MAJORCA AVE STE B CORAL GABLES FL 33134 | | | | | 81 | Name |
| | | | | | 82 | Street Address |
| | | | | | 83 | |
| | | | | | 84 | City |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required) | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | | |
| TITLE | | PD | | <input type="checkbox"/> DELETE | | |
| NAME | | SCHOLZ-RUBIN, SUSAN | | | | |
| STREET ADDRESS | | 651 CURTISWOOD DRIVE | | | | |
| CITY-ST-ZIP | | KEY BISCAYNE FL | | | | |
| TITLE | | VD | | <input type="checkbox"/> DELETE | | |
| NAME | | RUBIN, MELVIN | | | | |
| STREET ADDRESS | | 111 MAJORCA AVE STE B | | | | |
| CITY-ST-ZIP | | CORAL GABLES FL | | | | |
| TITLE | | SD | | <input type="checkbox"/> DELETE | | |
| NAME | | SANTANA, MARITA | | | | |
| STREET ADDRESS | | 6710 BULL RUN RD #164 | | | | |
| CITY-ST-ZIP | | MIAMI LAKES FL 33014 | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| 13. | | | | | | |
| 1.1 TITLE | | | | | | |
| 1.2 NAME | | | | | | |
| 1.3 STREET ADDRESS | | | | | | |
| 1.4 CITY-ST-ZIP | | | | | | |
| 2.1 TITLE | | | | | | |
| 2.2 NAME | | | | | | |
| 2.3 STREET ADDRESS | | | | | | |
| 2.4 CITY-ST-ZIP | | | | | | |
| 3.1 TITLE | | | | | | |
| 3.2 NAME | | | | | | |
| 3.3 STREET ADDRESS | | | | | | |
| 3.4 CITY-ST-ZIP | | | | | | |
| 4.1 TITLE | | | | | | |
| 4.2 NAME | | | | | | |
| 4.3 STREET ADDRESS | | | | | | |
| 4.4 CITY-ST-ZIP | | | | | | |
| 5.1 TITLE | | | | | | |
| 5.2 NAME | | | | | | |
| 5.3 STREET ADDRESS | | | | | | |
| 5.4 CITY-ST-ZIP | | | | | | |
| 6.1 TITLE | | | | | | |
| 6.2 NAME | | | | | | |
| 6.3 STREET ADDRESS | | | | | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E037 (11/98)