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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748052

1. Corporation Name
DADELAND WALK ASSOCIATION, INC.

Principal Place of Business 7901 SW 88TH STREET MIAMI FL 33143 US	Mailing Address 12394 SW 82ND AVE MIAMI FL 33156 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>9/0 The Foster Co.</i>	3. Date Incorporated or Qualified 07/11/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>P O Box 565820</i>	4. FEI Number 59-2061986
City & State 23	City & State 28 <i>Miami FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 <i>33256-5820</i>	Country 30 <i>US</i>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCOTT, JOSEPH 12344 SW 82ND AVE MIAMI FL 33156		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOSEPH, MICHAEL		1.2 NAME BROOKS, STEVEN	
STREET ADDRESS 8129 SW 86TH TERRACE		1.3 STREET ADDRESS 8720 SW 79 PL	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI FL 33143	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, SHARON		2.2 NAME	
STREET ADDRESS 8066 SW 86TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARMONA, KATHERINE		3.2 NAME WIENER, WILLIAM	
STREET ADDRESS 8145 S.W. 86TH TERR.		3.3 STREET ADDRESS 8713 SW 81 CT	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATZ, IRWIN		4.2 NAME	
STREET ADDRESS 8621 S.W. 79TH PL		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEITER, ALLAN		5.2 NAME DAVIS, JOEL	
STREET ADDRESS 8613 SW 80TH COURT		5.3 STREET ADDRESS 7974 SW 86 TERR	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP MIAMI FL 33143	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALLANDER, MORRIS		6.2 NAME HOLLANDER, MORRIS	
STREET ADDRESS 8641 SW 79TH PL		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33143		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: *Sharon A. Brooks* 1/6/99 305-284-405