NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

NAME

STREET ADDRESS

12. TITLE

NAME

TITLE

NAME

NAME

21

22

23

24

## **ENCOUNTERS IN**

Principal Place of Business	Mailing Address			
23050 S.W. 156 AVE. Miami Fl 33170 US	23050 S.W. 156 AVE MIAMI FL 33170 US			
2. Principal Place of Business	2a. Mailing Address			

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90144 030 \*\*\*\*61.25

DOCUI	MENT # <b>75417</b> 5	•									
ENCOUNTERS IN EXCELLENCE, INC.						98692 · 90144 · 30 2 *					
Principal Place of Business Mailing Address 23050 S.W. 156 AVE. MIAMI FL 33170 MIAMI FL 33170 US US											
2. Principal P	face of Business	2a. Mailing Address	<del></del>			- 3	Date Incorporated or Qualifed 09/15/1980	·	·		
Suite, Apt.	# 010	Suite, Apt. #, etc.				A	FEI Number		Δn	plied For	
2 Suite, Apr.	#, etc.	27					NOT APPLICABLE			t Applicable	
City & Stat	ė	City & State		-	_	5	Certificate of Status Desired		\$8.75 A		
Zip	Country	Zip	Cou	ntry		- 6	Election Campaign Financing		\$5.00	May Be	
4	25	29	30				Trust Fund Contribution		Added t	-	
	9. Name and Address of Currer	nt Registered Agent				10	Name and Address of New I	Registered	\gent	_	
Kern, Ric 23050 SW	/ 156 AVE			81 82 83	Name Street A	Address (	P.O. Box Number is Not Accept	able)			
MIAMI FL	FL 33170			0.5		_				· .	
				84	City			FL	85 Zip (	Code	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State of familiar with, and accept the obligations of the state	of Florida. Such change was au tions of, Section 617.0503, Flori	thorized da Stati	by ti utes.	ne corpo	oration's I	poard of directors. I hereby acce	of the appoir	tment as re	gistered	
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	С	☐ DELETE	1.1 TF	TLE					Change	Addition	
NAME	WEINTRAUB, ALBERT		1.2 N/	AME		ļ					
STREET ADDRESS	2250 SW 3RD AVE		1.3 S1	REET /	ADORESS						
CITY-ST-ZIP	MIAMI FL		_	TY-\$T-	ZIP		<del></del>			☐ Addition	
TITLE	DST	☐ DELETE	2.1 TI						Change	Addition	
NAME	KERN, RICHARD		2.2 N								
STREET ADDRESS	23050 SW 156TH AVENUE				ADDRESS		•				
CITY-ST-ZIP TITLE	MIAMI FL D	☐ DELETE	3.1 TI	πY-ST π. <del>F</del>	- 2112	<b></b>			Change	☐ Addition	
NAME	ADMIRE, JACK		3.2 N								
STREET ADDRESS	ALEA OLINOTT DO				ADDRESS					-	
CITY-ST-ZIP	MIAMI FL		1	ITY-ST							
TITLE	0	☐ DELETE	4.1 TI			<b>1</b>			Change	Addition	
NAME	KERN, JAMES		4. 2 N	AME	ļ	Ve	in James	· •	• • •		
STREET ADDRESS	8900 SW 117 AVE, #C201		4.3 S1	TREET /	ADDRESS	70	rn James D Island Land Augustine FL	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	, Je		
CITY-ST-ZIP	MIAMI FL		4.4 CI	TY-ST-	ZIP	St.	Hugustine FL	32	2 <i>95</i>		
TITLE		☐ DELETE	5.1 Tr				,		∐ Change	Addition	
NAME			5.2 N			1					
STREET ADDRESS					ADDRESS					•	
CITY-ST-ZIP		☐ DELETE	5.4 CF 6.1 T/	TY-ST-	- CIP			· · · · · ·	☐ Change	☐ Addition	
TITLE	I		9.116			1				الانسان من التي	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

05-246-1416.