

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 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 # 757185 (4)

1. Corporation Name
D. A. R. C. HOUSING, INC.



Principal Place of Business 5555 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address 5555 BISCAYNE BLVD MIAMI FL 33137 US
---	---

3. Date Incorporated or Qualified 05/08/1981
4. FEI Number 59-2101518
Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

9. Name and Address of Current Registered Agent

SLACHTER, DAVID
15500 NEW BARN ROAD
LAUREL COURT SUITE 105
MIAMI LAKES FL 33014

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

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	VD KIRSH, WILLIAM D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2535 REGATTA	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD SLACHTER, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15500 NEW BARN ROAD STE 105	2.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD MAGOLNICK, RENA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7853 SW 112 ST	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	PD REED, BEN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 SW 84TH AVE	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VD SLAZAR, HELEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6100 SW 84 AVENUE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		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 with an address.

SIGNATURE: _____ **DAVID SLACHTER** 305-878-5600

CFR2E037 (10/97)