


FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90045 007 ****61.25

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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 # 757208

1. Corporation Name

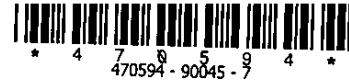
PASSAGEWAY RESIDENCE OF DADE COUNTY, INC.

Principal Place of Business

2255 N.W. 10TH AVE
 MIAMI FL 33127
 US

Mailing Address

2255 N.W. 10TH AVE
 MIAMI FL 33127
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 SAME	26 SAME	05/19/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
		59-2088143
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip
		30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MULLEN, THOMAS P 2255 NW 10TH AVE MIAMI FL 33127		81 Name	SAME
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD CHAVEZ, TERESITA	1.2 NAME	MORRIS, BARRY
STREET ADDRESS	2255 N.W. 10TH AVE	1.3 STREET ADDRESS	1611 NW 12 AVENUE
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33136
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD SAMAROO, LOLITA	2.2 NAME	DANIEL THOMAS
STREET ADDRESS	1500 N.W. 12 AVE.	2.3 STREET ADDRESS	509 NAVARRE AVENUE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD LEVINE, GAIL	3.2 NAME	NANCY BAGLEY
STREET ADDRESS	1350 NW 12 AVENUE	3.3 STREET ADDRESS	1611 NW 12 AVENUE
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	MIAMI FLORIDA 33136
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/29/99 305-635-9106
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)