


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90122 003 \*\*\*\*61.25

00000000

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 765984**

1. Corporation Name  
**DIRECT ACTION AND RESEARCH TRAINING CENTER, INC.**

Principal Place of Business C/O JOHN A. CALKINS 314 N.E. 26TH TERRACE MIAMI FL 33137 US	Mailing Address C/O JOHN A. CALKINS POST OFFICE BOX 370791 MIAMI FL 33137-791 US
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/03/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2244743
City & State 23	City & State 28	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

9. Name and Address of Current Registered Agent <b>CALKINS, JOHN A. 314 N.E. 26TH TERRACE MIAMI FL 33137</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCELLE, NORBERT		12 NAME	
STREET ADDRESS 1390 GEORGIA AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33401		14 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLEAR, HUGH		22 NAME	
STREET ADDRESS 7116 SW 110TH AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33173		24 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LACERRA, GERARD		32 NAME	
STREET ADDRESS 5300 SW 102ND AVENUE		33 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33165		34 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOGNER, ROBERT		42 NAME	
STREET ADDRESS 9800 SW 69TH COURT		43 STREET ADDRESS	Secretary Tuttle, Mary
CITY-ST-ZIP MIAMI FL		44 CITY-ST-ZIP	326 N.E. 26th Terrace Miami, FL 33137-4649
TITLE D	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOMQUIST, BERT		52 NAME	
STREET ADDRESS 536 CORAL WAY		53 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		54 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEATTY, ROBERT		62 NAME	Rees, David
STREET ADDRESS 150 W FLAGELE #1910		63 STREET ADDRESS	501 96 Street
CITY-ST-ZIP MIAMI FL 33130		64 CITY-ST-ZIP	Bal Harbour, FL 33154

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: John A. Calkins *John A. Calkins* 3/16/99 (305) 576-8020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)