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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767049 (0)

1. Corporation Name

CHARLEE OF DADE COUNTY, INC.

Principal Place of Business

Mailing Address

5915 PONCE DE LEON BLVD
SUITE 26
CORAL GABLES FL 331465915 PONCE DE LEON BLVD
SUITE 26
CORAL GABLES FL 33146-24353. Date Incorporated or Qualified
02/17/19833a. Date of Last Report
01/29/1996

4. FEI Number

59-2302250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNE, STEVEN H., EXECUTIVE DIRECTOR
CHARLEE OF DADE COUNTY, INC.
5915 PONCE DE LEON BLVD., #26
CORAL GABLES FL 33146

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 this 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE
NAME HUSTON, TOM
STREET ADDRESS 7406 SW 48 ST
CITY - ST - ZIP MIAMI FLTITLE PD ☒ DELETE
NAME STUBBS, DEVON
STREET ADDRESS 1689 N HYATUS RD APT #135
CITY - ST - ZIP PEMBROKE PINES FLTITLE VD ☐ DELETE
NAME HERSKOWITZ, HELENE
STREET ADDRESS 7501 SW 114TH ST
CITY - ST - ZIP MIAMI FLTITLE SD ☐ DELETE
NAME SILVERMAN, COOKY
STREET ADDRESS 3875 SW 3RD AVE
CITY - ST - ZIP MIAMI FLTITLE ED ☐ DELETE
NAME MANNE, STEVEN H.
STREET ADDRESS 5915 PONCE DE LEON BLVD., #26
CITY - ST - ZIP CORAL GABLES FL 33146TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME KING, BRUCE
1.3 STREET ADDRESS 100 S.E. 2ND ST.
1.4 CITY - ST - ZIP MIAMI FL 331312.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME CAPRI, DORIS
2.3 STREET ADDRESS 15545 MIAMI LAKEWAY #206
2.4 CITY - ST - ZIP MIAMI LAKES FL 330143.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030440

305-665-7365

CR2E037 (9/96)