

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90008 036 \*\*\*150.00

0247342

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # G42888

1. Corporation Name  
DCA AT PEMBROKE POINTE, INC.

Principal Place of Business % DAVID B. MCCAIN, ESQ. 700 NW 107TH AVENUE MIAMI FL 33172	Mailing Address % DAVID B. MCCAIN, ESQ. 700 NW 107TH AVENUE MIAMI FL 33172
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 NW 107 AVENUE Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33172 25 USA		2a. Mailing Address 26 700 NW 107 AVENUE Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33172 30 USA		3. Date Incorporated or Qualified 06/06/1983	
		4. FEI Number 59-2298128		Applied For 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	
		8. This corporation owes the current year intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCCAIN, DAVID B., ESQ. 700 NW 107TH AVENUE MIAMI FL 33172				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 607.0502 and 607.1508, 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 607.0505, 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	DC MILLER, LEONARD 700 N.W. 107TH AVE MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BOLOTIN, IRVING 700 N.W. 107TH AVE MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD PEKOR, ALLAN J. 700 N.W. 107TH AVE MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS SIERRA, KATHLEEN E. 700 N.W. 107TH AVE MIAMI FL	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	T MALCOLM, WAYNEWRIGHT 700 N.W. 107TH AVE MIAMI FL 33172	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	AS WATSKY, MORRIS 700 N.W. 107TH AVE MIAMI FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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)(j), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID B. MCCAIN VICE PRESIDENT

1/21/99 229-6400

Date

Daytime Phone #

CR2E034 (11/98)