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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02702

1. Corporation Name

ARCHBISHOP MCCARTHY RESIDENCE, INC.

Principal Place of Business

4740 N STATE ROAD 7
 SUITE 106-BLDG C
 LAUDERDALE LAKES FL 33319
 US

Mailing Address

4740 N STATE ROAD 7
 SUITE 106-BLDG C
 LAUDERDALE LAKES FL 33319
 US



2. Principal Place of Business

21 11440 N. Kendall Drive
 Suite, Apt. #, etc.

22 Suite E-209
 City & State

23 Miami, Fla. USA
 Zip Country

24 33176 25 USA

2a. Mailing Address

26 11440 N. Kendall Drive
 Suite, Apt. #, etc.

27 Suite E-209
 City & State

28 Miami, Fla.
 Zip Country

29 33176 30 USA

3. Date Incorporated or Qualified

04/23/1984

4. FEI Number

59-2444487

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK ESQ
 110 MERRICK WAY, STE 2-C
 338 MINORGA AVE
 CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME QUINLIVAN, J MARK
 STREET ADDRESS 5730 S.W. 74 ST STE 300
 CITY-ST-ZIP SO. MIAMI FL

TITLE VD DELETE
 NAME ABELLO, EUGENE
 STREET ADDRESS 2736 SW 7TH AVE
 CITY-ST-ZIP MIAMI FL

TITLE SD DELETE
 NAME CONWAY, LAURENCE
 STREET ADDRESS 17775 N BAY RD
 CITY-ST-ZIP MIAMI FL

TITLE TD DELETE
 NAME MCCALL, MICHAEL
 STREET ADDRESS 2251 YUCCA AVENUE
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE D DELETE
 NAME STEIBEL, GARY R
 STREET ADDRESS 123 NW 6TH AVE
 CITY-ST-ZIP HALLANDALE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

Mark Quinlivan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Quinlivan 3/25/99 (305)757-2824
 Date Daytime Phone #

CR2E037_1(1/198)