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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N12916

1. Corporation Name

DEERFIELD R/D CENTER ASSOCIATION, INC.

Principal Place of Business

6600 N ANDREWS AVENUE
 STE 120
 FT LAUDERDALE FL 33309
 US

Mailing Address

6600 N ANDREWS AVENUE
 STE 120
 FT LAUDERDALE FL 33309
 US

3 3 6 7 6
 336766 - 90058 - 50



2. Principal Place of Business

21 **1051 SW 30 AVE**

2a. Mailing Address

26 **1051 S.W. 30 AVE.**

3. Date Incorporated or Qualified

01/09/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0001200

Applied For

Not Applicable

City & State

23 **DEERFIELD BCH, FL**

City & State

28 **DEERFIELD BCH, FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

24 **33442** 25 **BROWARD**

Zip

Country

29 **33442** 30 **BROWARD**

6. Election Campaign Financing ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

FRENCH, JACQUELINE A
 COMPASS MANAGEMENT AND LEASING
 6600 N ANDREWS AVENUE STE 120
 FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

THOMAS M. LATTA

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1051 S.W. 30 AVE.**

84 City

DEERFIELD BEACH FL

85 Zip Code

33442

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 **THOMAS M. LATTA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **FRENCH, JACQUELINE**
 STREET ADDRESS **6600 N. ANDREWS AVE., SUITE 215**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **LATTA, THOMAS**
 STREET ADDRESS **1061 SW 30TH AVE.**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☒ DELETE

NAME **KRUER, ROBERT J.**
 STREET ADDRESS **1150 LAKE HEARN DRIVE, E., SUITE 400**
 CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D WERBER, RICHARD**
 STREET ADDRESS **6111 BROKEN SOUND PARKWAY NW**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

2.1 TITLE ☐ Change ☒ Addition

NAME **D LATTA, CARLA**
 STREET ADDRESS **1051 SW 30 AVE**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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: **Carla Latte RECARLA LATTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

954-481-9888

Daytime Phone #

CR2E037 (11/98)