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 Feb 17 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N14395 (0)
 Corporation Name
 ROTARY CLUB OF MIAMI LAKES, INC.



Principal Place of Business Mailing Address
 15505 BULL RUN ROAD #266 MIAMI LAKES FL 33014 US
 15505 BULL RUN ROAD #266 MIAMI LAKES FL 33014 US

3. Date Incorporated or Qualified
 04/16/1986

4. FEI Number
 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 15476 N.W. 77CT. #188
 Suite, Apt. #, etc.

2a. Mailing Address
 26 15476 N.W. 77CT. #188
 Suite, Apt. #, etc.

22

23 City & State
 Miami Lakes, FL

24 Zip
 33016

25 Country
 U.S.

27

28 City & State
 Miami Lakes, FL

29 Zip
 33016

30 Country
 U.S.

9. Name and Address of Current Registered Agent
 SCHERMAN, PAUL I.
 1840 WEST 49TH STREET
 STE.510
 HIALEAH FL 33012

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SINGER, LAWRENCE E.	
STREET ADDRESS	1471 S. W. 159 AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLAKE, JANET S.	
STREET ADDRESS	6014 N.W. 75TH CT.	
CITY - ST - ZIP	PARKLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRON, BARBARA	
STREET ADDRESS	6870 MIAMI LAKES DR.	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOTEN, VALERIE ANN	
STREET ADDRESS	7644 HARBOR BLVD.	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPANO, ROBERT	
STREET ADDRESS	8330 MENTEITH TERRACE	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, ROBERT	
STREET ADDRESS	7340 S.W. 10TH TERRACE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baron, Barbara H.	
1.3 STREET ADDRESS	6870 MIAMI LAKES DR.	
1.4 CITY - ST - ZIP	MIAMI LAKES, FL 33014	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johnston, Ross M.	
2.3 STREET ADDRESS	1000 Quayside Terr. #1412	
2.4 CITY - ST - ZIP	MIAMI, FL 33138	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rodriguez, Peter V.	
3.3 STREET ADDRESS	10442 S.W. 41 ST.	
3.4 CITY - ST - ZIP	MIAMI, FL 33165	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Miramar, FL 33023	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	MIAMI LAKES, FL 33016	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	7340 S.W. 107 Terr.	
6.4 CITY - ST - ZIP	MIAMI, FL 33156	

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.

SIGNATURE: _____ DATE: 16 Jan 98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (10/97)

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 821-5277
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