

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90185 014 ****61.25

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

DOCUMENT # N16395

1. Corporation Name
MIAMI DADELAND ROTARY CLUB, INC.

| | |
|--|--|
| Principal Place of Business 9520 SW 118TH COURT MIAMI FL 33186 US | Mailing Address 9520 SW 118TH COURT MIAMI FL 33186 US |
|--|--|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/18/1986 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0224217 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Country 29 | Trust Fund Contribution <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

BROWN, RICHARD
9485 SUNSET DR
A195
MIAMI FL 33173

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 _____ 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 | D | <input type="checkbox"/> DELETE |
| NAME | REGO, MORRIS | |
| STREET ADDRESS | 13225 S.W. 69 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNS, LOUIS G | |
| STREET ADDRESS | 9485 SUNSET DR A195 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | BOROWSKI, WILLIAM | |
| STREET ADDRESS | 761 N.W. 12 AVENUE | |
| CITY-ST-ZIP | DANIA FL 33004 | |
| TITLE | K P | <input type="checkbox"/> DELETE |
| NAME | SPARGER, KATHY | |
| STREET ADDRESS | 9816 SW 193 STREET | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LIEBERMAN, RON | |
| STREET ADDRESS | 10625 SW 100 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | K P | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, JORGE | |
| STREET ADDRESS | 10876 SW 151 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33157 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | V.P. BOB POZEN | |
| 1.3 STREET ADDRESS | 9130 S. DADELAND BLVD #1510 | |
| 1.4 CITY-ST-ZIP | MIAMI FL 33156 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED DATE: 3/1/99 DAYTIME PHONE #: 305 670-1908

CR2E037 (11/98)