


FILE NOW: FILING FEE IS \$61.25

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Jun 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27776					
1. Corporation Name PLANNED PETHOOD OF AMERICA, INC.					
Principal Place of Business 13749 N.W. 7TH AVENUE NORTH MIAMI FL 33168 US			Mailing Address 13749 N.W. 7TH AVENUE NORTH MIAMI FL 33168 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/08/1988	
4. FEI Number 65-0103860		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Name and Address of Current Registered Agent ROSE, BEA LOUISE 1902 NE 119TH RD. NO. MIAMI FL 33181			
8. 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MULLOY, GARDNAR			1.2 NAME			
STREET ADDRESS	800 N.W. 9TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSE, BEA			2.2 NAME			
STREET ADDRESS	1902 N.E. 119TH ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	2VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, MARY KAY			3.2 NAME			
STREET ADDRESS	9339 S.W. 150TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			3.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MILES, ELAINE			4.2 NAME			
STREET ADDRESS	1902 N.W. 119TH ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MILES, ELAINE			5.2 NAME			
STREET ADDRESS	1920 NE 119TH ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input 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)(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:

Bea L. Rose SIGNATURE REQUIRED BEA L. ROSE

2/12/99

(305) 687-7729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)