

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N31065 (8)

1. Corporation Name

CARDIAC REHABILITATION ROWING PROJECT, INC.

Principal Place of Business

Mailing Address

3941 MIDWAY ST.
COCONUT GROVE FL 33133
US

P O BOX 331820
COCONUT GROVE FL 33133-1820
US

3. Date Incorporated or Qualified

03/08/1989

4. FEI Number

65-0116999

☒ 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

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLINE, CHARLES C.
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33181

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 ☐ DELETE

NAME DPT
BERCKMANS, BRUCE JR.
STREET ADDRESS 3941 MIDWAY STREET
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DVS
MARTINEZ, ROBERTO
STREET ADDRESS 201 S. BISCAYNE, #900
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
TERRY, LAWRENCE
STREET ADDRESS 9440 NW 12TH STREET
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
WOOLF, PATRICIA K.
STREET ADDRESS 190 MERCER STREET
CITY-ST-ZIP PRINCETON NJ

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
COMTE, WILLIAM H.
STREET ADDRESS 5000 UNIVERSITY DRIVE
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

SIGNATURE:

Berckmans Bruce Berckmans 7-2-98 305-448-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)