

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34302** (2)
1. Corporation Name
SOUTH DADE BEAUTIFICATION PILOT PROJECT, INC.



Principal Place of Business PILOT PROJECT, INC 24301 SW 182 AVE HOMESTEAD FL 33031 US	Mailing Address PILOT PROJECT, INC 20251 SW 272 STREET HOMESTEAD FL 33031 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/22/1989	
4. FEI Number 65-0217723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent COSGROVE, JOHN F., ESQ. 19 W FLAGLER ST SUITE 215 MIAMI FL 33130	
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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 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE	
	TIEMEYER, PATRICIA 24301 SW 182ND AVE HOMESTEAD FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	VD NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE	
	BUTTON, MILLIE 430 NW 14 STREET HOMESTEAD FL	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	TD NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE	
	LOSNER, DOYLENE 20251 SW 272ND ST HOMESTEAD FL	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
	<input type="checkbox"/> DELETE	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
	<input type="checkbox"/> DELETE	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: *Doyle W. Losner* *Doyle W. Losner* *2/9/98* *205-247-8102*

CF2E037 (10/97)