FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35282 **(5)**

1. Corporation Name

FLORIDA PATHWAYS, INC.

Principal Place of Business	Mailing Address
5200 N.W. 2ND AVE. 151 N.E. 52ND STREET MIAMI FL 33137	5200 N.W. 2ND AVE. 151 N.E. 52ND STREET MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0198276 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LICHTMAN, MARC
% THE MIAMI JEWISH HOME & HOSPITAL
5200 N.E. 2ND AVE.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Lourdes A. Bove
82 Street Address (P.O. Box Number is Not Acceptable): 5200 NE 2nd Ave
83
84 City: Miami FL 85 Zip Code: 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lourdes Bove 4/10/95
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	D	11 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, GOLDIE	12 NAME		
STREET ADDRESS	1311 99TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BUSSEL, ANN	22 NAME		
STREET ADDRESS	520 ROVINO AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GROSS, DOUG	32 NAME		
STREET ADDRESS	3841 N. 53TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOOD FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MARK, ARTHUR	42 NAME		
STREET ADDRESS	9180 W. BAY HARBOR DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BECK, STANLEY	52 NAME		
STREET ADDRESS	800 E. HALLANDALE BCH BL	53 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Goldie Goldstein Goldie Goldstein 4/14/95 (305) 751-8626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041B95