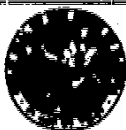


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
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

☐

\$0.75 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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Louderes A. Boue

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

4/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	GOLDSTEIN, GOLDIE	1311 99TH STREET	MIAMI BEACH FL
D	BUSSEL, ANN	520 ROVINO AVENUE	CORAL GABLES FL
D	GROSS, DOUG	3841 N. 53TH AVENUE	HOLLYWOOD FL
D	MARK, ARTHUR	9180 W. BAY HARBOR DRIVE	MIAMI BEACH FL
D	BECK, STANLEY	800 E. HALLANDALE BCH BL	HALLANDALE FL

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
☐ Change ☐ Addition			
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
☐ Change ☐ Addition			
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
☐ Change ☐ Addition			
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
☐ Change ☐ Addition			
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
☐ Change ☐ Addition			
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
☐ Change ☐ Addition			

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 110.07(3)(k), 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 as an attachment with no changes.

SIGNATURE

Goldie R. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Goldie Goldstein

4/14/95

(305) 751-8626