


FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35282** (5)

1. Corporation Name

**FLORIDA PATHWAYS, INC.**

Principal Place of Business

**5200 N.W. 2ND AVE.  
151 N.E. 52ND STREET  
MIAMI FL 33137**

Mailing Address

**5200 N.W. 2ND AVE.  
151 N.E. 52ND STREET  
MIAMI FL 33137-2724**



3. Date Incorporated or Qualified  
**11/20/1989**

3a. Date of Last Report  
**04/19/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0198276**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOVE, LOURDES A  
5200 NE 2ND AVE  
5200 N.E. 2ND AVE.  
MIAMI FL 33137**

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

TITLE

**D**

☐ DELETE

NAME

**GOLDSTEIN, GOLDIE**

STREET ADDRESS

**1311 99TH STREET**

CITY-ST-ZIP

**MIAMI BEACH FL**

TITLE

**D**

☐ DELETE

NAME

**BUSSEL, ANN**

STREET ADDRESS

**520 ROVINO AVENUE**

CITY-ST-ZIP

**CORAL GABLES FL**

TITLE

**D**

☐ DELETE

NAME

**GROSS, DOUG**

STREET ADDRESS

**3641 N. 53TH AVENUE**

CITY-ST-ZIP

**HOLLYWOOD FL**

TITLE

**D**

☐ DELETE

NAME

**MARK, ARTHUR**

STREET ADDRESS

**9180 W. BAY HARBOR DRIVE**

CITY-ST-ZIP

**MIAMI BEACH FL**

TITLE

**D**

☐ DELETE

NAME

**MARK, ARTHUR**

STREET ADDRESS

**9180 W. BAY HARBOR DRIVE**

CITY-ST-ZIP

**MIAMI BEACH FL**

TITLE

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CITY-ST-ZIP

**MIAMI BEACH FL**

14. I do 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

*Arthur Mark*

(305) 751 8626 ext 138

CR2E037 (9/96)