

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified

11/20/1989

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. 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

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

JOEL DAIVA

82 Street Address (P.O. Box Number is Not Acceptable)

5200 N.E. 2ND AVE

84 City

MIAMI

FL

85 Zip Code

33137

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 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	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, GOLDIE	
STREET ADDRESS	1311 99TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSSEL, ANN	
STREET ADDRESS	520 ROVINO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSS, DOUG	
STREET ADDRESS	3841 N. 53TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARK, ARTHUR	
STREET ADDRESS	9180 W. BAY HARBOR DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 registered trustee, 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 my address.

SIGNATURE:

MARK ARTHUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/98

Daytime Phone #

(305) 751 8626

CR2E037 (10/97)