


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90054 008 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35282

1. Corporation Name

FLORIDA PATHWAYS, INC.

Principal Place of Business

5200 NE 2ND AVE.
 151 NE 52ND STREET
 MIAMI FL 33137

Mailing Address

5200 NE 2ND AVE.
 151 NE 52ND STREET
 MIAMI FL 33137

4 7 4 4 5
 477445 - 90054 - 8



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/20/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0198276
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent

DALVA, JOEL
 5200 NE 2ND AVE
 MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
 STEPHEN H. CYPEN, ESQ.
 82 Street Address (P.O. Box Number is Not Acceptable)
 825 ARTHUR GODFREY ROAD
 83
 84 City
 MIAMI BEACH FL 85 Zip Code
 33140

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, GOLDIE	1.2 NAME	
STREET ADDRESS	1311 99TH STREET	1.3 STREET ADDRESS	11470 Victoria Circle
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSSEL, ANN	2.2 NAME	
STREET ADDRESS	520 ROVINO AVENUE	2.3 STREET ADDRESS	420 Rovino AVE
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	33156
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DOUG	3.2 NAME	
STREET ADDRESS	3641 N. 53TH AVENUE	3.3 STREET ADDRESS	3801 NE 207 St #2801
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK, ARTHUR	4.2 NAME	
STREET ADDRESS	9180 W. BAY HARBOR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	33154
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (305) 955-1100

CR2E037 (11/98)