

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46053** (7)  
1. Corporation Name  
**SOUTHERN COUNTRY SOUTH FLORIDA, INC.**



Principal Place of Business <b>1910 SW 63RD TERRACE COCONUT CREEK FL 33068 US</b>	Mailing Address <b>PO BOX 23512 FT LAUDERDALE FL 33307 US</b>
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2. Principal Place of Business <b>21 5178 Fearnley Rd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. Box 23512</b> Suite, Apt. #, etc.
City & State <b>23 Lake Worth FL</b>	City & State <b>28 Ft Lauderdale FL</b>
Zip <b>24 33467</b> Country <b>25 USA</b>	Zip <b>29 33307</b> Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>11/15/1991</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LYNCH, KATHLEEN M 4521 TREE HOUSE LANE APT. A TAMARAC FL 33319</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>LYNCH KATHLEEN M.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5178 FEARNLEY RD</b>	
83	
84 City <b>LAKE WORTH</b>	85 Zip Code <b>FL 33467</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GISCLAIR, WILLIAM	1.2 NAME	HOLLAND, LENN
STREET ADDRESS	2000 N.E. 13TH CT	1.3 STREET ADDRESS	332 N. Lake Drive
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Laurens, FL 33462
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, KARL	2.2 NAME	BANFIELD, MICHAEL
STREET ADDRESS	5512 JACKSON ST	2.3 STREET ADDRESS	4606 CARAMBOLA CIRCLE SOUTH
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, KATHLEEN M	3.2 NAME	Kathleen M. LYNCH
STREET ADDRESS	4521 TREE HOUSE LANE APT. A	3.3 STREET ADDRESS	3810 Dale Rd
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	West Palm Bch FL 33406
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASMUSSEN, KATHY	4.2 NAME	Jeanne M. Knight (N/A)
STREET ADDRESS	131 N.W. 73RD TERRACE	4.3 STREET ADDRESS	P.O. Box 1292
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33402
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	GINA A KEELER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUN, RICHARD	5.2 NAME	7525 SW 8th St
STREET ADDRESS	1501 S.W. 20TH AVE	5.3 STREET ADDRESS	N. LAUDERDALE FL 33068
CITY-ST-ZIP	FT. LAUDERDALE FL	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 its 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: \_\_\_\_\_

KATHLEEN M. LYNCH

4/15/98 (954) 21-0045

CR2E037 (1097)