

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 033 ****61.25

DOCUMENT # N46053

1. Corporation Name

SOUTHERN COUNTRY SOUTH FLORIDA, INC.

Principal Place of Business

5178 FEARNLEY RD
LAKE WORTH FL 33467
US

Mailing Address

P O BOX 23512
FT LAUDERDALE FL 33307
US

611481-90006-33



2. Principal Place of Business 21 2144 NE 62nd CT. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/15/1991
22 City & State 23 Fort Lauderdale, FL Zip 33308 Country USA	27 City & State 28 Zip Country	4. FEI Number NOT APPLICABLE Applied For Not Applicable
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, KATHLEEN M
5178 FEARNLEY RD
LAKE WORTH FL 33467

81 Name LYNCH, KATHLEEN, M.	85 Zip Code 33308
82 Street Address (P.O. Box Number is Not Acceptable) 2144 NE 62nd CT.	
83	
84 City FORT LAUDERDALE FL	

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 Kathleen M. Lynch DATE 7/27/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, LENN 332 N LAKE DR LANTANA FL 33462 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	JAMES Kennedy 501 NE 23rd St, #9 WILTON MANORS, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BANFIELD, MICHAEL 4606 CARAMBOLA CIR S COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Jackie Wismer 4151 S.W. 67th Ave. #105 DAVIE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYNCH, KATHLEEN M 3810 DALE RD W PALM BCH FL 33406 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2144 NE 62nd CT. FT. Lauderdale, FL 33308-1358 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, JEANNE M P O BOX 1292 N/A W PALM BCH FL 33402 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Dominick Saccone 500 SE 5 CT Pompano Bch FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEELER, GINA A 7525 SW 8TH CT N LAUDERDALE FL 33068 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Heather Daniels 2144 NE 62nd CT. Fort Lauderdale, FL 33308-1358 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7/27/99 DAYTIME PHONE # 954-778-7882

CR2E037 (5/99)