


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90005 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46653

1. Corporation Name

MCINTYRE FOUNDATION, INC.

Principal Place of Business

10235 W. SAMPLE RD.
SUITE 103
CORAL SPRINGS FL 33065

Mailing Address

10235 W. SAMPLE RD.
SUITE 103
CORAL SPRINGS FL 33065



2. Principal Place of Business 21 98 S. E. 6th Ave Suite, Apt. #, etc. 22 3 City & State 23 Delray Beach FL 9 Zip 24 33483 Country 25 USA	2a. Mailing Address 26 P.O. Box 8514 Suite, Apt. #, etc. 27 City & State 28 Coral Springs, FL 9 Zip 29 33075 Country 30 USA	3. Date Incorporated or Qualified 12/31/1991 4. FEI Number 65-0308008 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DALE, CHARLES S., JR.
701 W. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, MARLENE	1.2 NAME	Linda Cucci
STREET ADDRESS	10235 W SAMPLE RD #103	1.3 STREET ADDRESS	7620 Marblehead Court
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Parkland, FL, 33067
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Dee Raulins <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LINDA	2.2 NAME	11696 NW 19th Drive
STREET ADDRESS	10235 W SAMPLE RD #103	2.3 STREET ADDRESS	Coral Springs, FL 33071
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURPEL, NANCY	3.2 NAME	
STREET ADDRESS	20889 ENCANTO COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES E. MCINTYRE	4.2 NAME	
STREET ADDRESS	10235 W SAMPLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, KAREN	5.2 NAME	
STREET ADDRESS	10235 W SAMPLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKEMIAN, CAROL	6.2 NAME	
STREET ADDRESS	10235 W SAMPLE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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:

Linda Cucci **SIGNATURE**

1/26/99

1-800-346-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0027317

CR2E037 (11/98)