## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

. - 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**Corporation Name

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

22

1824 SW 100TH AVE

MIRAMAR FL 33025

N47609

(5)

Mailing Address

1824 SW 100TH AVE MIRAMAR FL 33025

2a. Mailing Address

Suite, Apt. #, etc.

26

27

SOUTH FLORIDA CASE MANAGEMENT NETWORK, INC.

	Apr 29 1	998	88.	00am
	Secreta			
3.	Date Incorporated or Qualified	<u> </u>		
	03/02/1992			
4.	FEI Number			Applied For
	65-0325088			Not Applicable
5.	Certificate of Status Desired		•	5 Additional Required
6.	Election Campaign Financing		\$5.0	May Re

Added to Fees

Trust Fund Contribution

FILED

23	•	ŀ	28	•		/- Is this nonprofit corp	oration a homeowners		17		
Zip	Cou	ntry	Zip		Country	8. This corporation owe	s or has paid the curre	ent year Inte	angible		
24	25		29	30		Personal Property Ta			No		
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent											
Name Ricki S. LOGAN											
MOREO,	KATHLEEN				87 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
1824 SW 100TH AVE MIRAMAR FL 33025					CMSF						
											8 #184 85 Zip Ci
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abo Pembroke Pines, FL 33024  e of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized t											
office or registered agent, or bots, in the State of Florida Statutes, the about of Florida S											
SIGNATURE 11001 1000 KICK 3 - 200770 4/9/98											
12.	Signalure, typed or printed r	OFFICERS AND D		(NOTE Re	gistered Agent signature 13.	required when reinstating) ADDITIONS/CHANGE	DATE CAND	DIDECTADO	1N1 40		
TITLE D	PD	OFFICERS AND D		DELETE		TREASURER.		Change	Addition		
NAME 1	SOLOMON, VIKI	1		DELETE	1.1 TITLE <b>D</b>	DAWN BATTICK	•	Olkingo	- Vocaliton		
STREET ADDRESS	10633 ZURICH				1.3 STREET ADDRESS	700 N.E. 24 TEST:	# 201				
- ""	COOPER CITY I					MIAMIL FL 33/	707				
CITY-ST-ZIP TITLE	TD	<u> </u>	12/	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	1414111, PL 2213		Change	Addition		
NAME	CORDEN, COLL	EEN	-		2.2 NAME		•				
STREET ADORESS	9059 W SUNRIS				2.3 STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL			,	2.4 CITY-ST-ZIP						
TITLE	PD	<u> </u>	107	DELETE	3.1 TITLE			Change	Addition		
NAME	STOVER, BETTY	1	-		3.2 NAME		•				
STREET ADDRESS	4000 N HILLS D				3.3 STREET ADDRESS			•			
CITY-ST-ZIP	HOLLYWOOD F				3.4. CITY-ST-ZIP						
TITLE	TD	<b>-</b>		DELETE	4.1 TITLE	<u> </u>		Change	Addition		
NAME D	LOGAN, RICKI				4.2 NAME				]		
STREET ADDRESS	9491 PALM CIR	\$ 207		į	4.3 STREET ADDRESS				Ì		
CITY-ST-ZIP	PEMBROKE PIN				4.4 CITY-ST-ZIP				Į.		
TITLE D	PD			DELETE	5.1 TITLE			Change	☐ Addition		
NAME	VANHOUTEN, M	IARILYN			5.2 NAME				•		
STREET ADDRESS	12350 SW 132				5.3 STREET ADDRESS				ļ		
CITY-ST-ZIP	KMIAMI FL				5.4 CITY-ST-ZIP						
TITLE				DELETE	6.1 TITLE			Change	Addition		
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET ADDRESS						
CITY-ST-ZIP					6.4 City-St-ZIP	<u> </u>					
44		at a second and a second as	the transfer of the second			11 0 11 110 07(0)(1) 51 11	A		1 . 4		

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 an an attachment with an address.

SIGNATURE: