

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 044 ****61.25

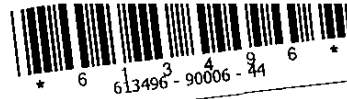
DOCUMENT # N47889

Corporation Name

COMMUNITY RECONSTRUCTION INSTITUTE, INC.

Principal Place of Business
299 W SUNRISE BLVD
SUITE 200
SUNRISE, FL. 33313

Mailing Address
6299 W SUNRISE BLVD
SUITE 200
SUNRISE, FL. 33313



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
City & State	City & State	5. Certificate of Status Desired
Zip	Zip	6. Election Campaign Financing

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUICE, MATHES		81. Name	
4108 INVERRARY BLVD, 40-B		82. Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL. 33319		83.	
		84. City	
		85. Zip Code	

I, 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1.1 TITLE	1.2 NAME
3. CITY-STATE-ZIP	4. CITY-STATE-ZIP	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
5. NAME	6. ADDRESS	2.1 TITLE	2.2 NAME
7. CITY-STATE-ZIP	8. CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
9. NAME	10. ADDRESS	3.1 TITLE	3.2 NAME
11. CITY-STATE-ZIP	12. CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
13. NAME	14. ADDRESS	4.1 TITLE	4.2 NAME
15. CITY-STATE-ZIP	16. CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
17. NAME	18. ADDRESS	5.1 TITLE	5.2 NAME
19. CITY-STATE-ZIP	20. CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
21. NAME	22. ADDRESS	6.1 TITLE	6.2 NAME
23. CITY-STATE-ZIP	24. CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

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 as an attachment with an address, with all other like empowered.

SIGNATURE: MATHIES GUICE 8-30-99 954-791-8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)