


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90013 046 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N51026					
1. Corporation Name HAVEN SOUTH, INC.					
Principal Place of Business 707 SE THIRD AVE. SUITE 600 FT. LAUDERDALE FL 33316			Mailing Address C/O MICHAEL V. MASSARI 707 SE THIRD AVE. SUITE 600 FT. LAUDERDALE FL 33316		



2. Principal Place of Business 21 1026 NW 4 Ave		2a. Mailing Address 26 291 NW 7 COURT		3. Date incorporated or Qualified 09/23/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0367881	
City & State 23 FT. LAUDERDALE FL		City & State 28 DEERFIELD BEACH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33311		Zip 29 33441		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 BROWARD			

9. Name and Address of Current Registered Agent MASSARI, MICHAEL V 707 SE THIRD AVE. SUITE 600 FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent 81 Name MC DUFFIE MYERS 82 Street Address (P.O. Box Number is Not Acceptable) 291 NW 7 COURT 83 84 City DEERFIELD BEACH FL 85 Zip Code 33441			
11. Pursuant to the provisions of Section 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 Mc Duffie Myers Signature, typed or printed name of registered agent and title if applicable.				MC DUFFIE MYERS (NOTE: Registered Agent signature required when re-registering.)			
DATE APRIL 22, 1999							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MASSARI, MICHAEL V		1.2 NAME	MC DUFFIE MYERS			
STREET ADDRESS	707 SE THIRD AVE. #600		1.3 STREET ADDRESS	291 NW 7 COURT			
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KENNY, MAUREEN		2.2 NAME	CARRIE LATIMER			
STREET ADDRESS	1224 SW 4TH CT		2.3 STREET ADDRESS	4855 ROTHCHILD DR			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP	COGEL SPENGL, FL 33067			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S. D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FREESE, DOUGLAS		3.2 NAME	ZILLA HERRING			
STREET ADDRESS	619 NE 28TH ST		3.3 STREET ADDRESS	3020 NW 26 ST			
CITY-ST-ZIP	WILTON MANOR FL 33334		3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33311			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	T. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME	HENRY MYERS			
STREET ADDRESS			4.3 STREET ADDRESS	2019 JACKSON ST			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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 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: **Mc Duffie Myers** **4/22/99** **954 698-9793**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)