NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 03, 1999 8:00 am
Secretary of State
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1. Corporation Name
NEIGHBORS 4 NEIGHBORS, INC.

Principal Place of Business	Mailing Address
C/O WFOR TV 8900 N.W. 18TH TERRACE MIAMI FL 33172 US	C/C WFOR TV 8900 N.W. 18TH TERRACE MIAMI FL 33172 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 10/16/1992 4. FEI Number 65-0364391 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RUBIO, NELLY
WFOR TV
8900 N.W. 18TH TERRACE
MIAMI FL 33172

10. Name and Address of New Registered Agent

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

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 NELLY RUBIO. DATE 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (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		DELETE			Change / Addition
TITLE	D	☒	1.1 TITLE	P	☐ ☒
NAME	MATHIS, MIMMI		1.2 NAME	MARK MAYO	
STREET ADDRESS	8900 N W 18TH TERRACE		1.3 STREET ADDRESS	8900 NW 18 TERR	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	D	☐	2.1 TITLE	PD	☒ ☐
NAME	ERICKSON, BARBARA		2.2 NAME		
STREET ADDRESS	109 S E 16TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP		
TITLE	D	☒	3.1 TITLE		☐ ☐
NAME	HAGGLUND, NEAL		3.2 NAME		
STREET ADDRESS	11212 S W 129TH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP		
TITLE	D	☒	4.1 TITLE		☐ ☐
NAME	WEDDINGTON, DENNIS		4.2 NAME		
STREET ADDRESS	351 N E 19TH PLACE, #K-203		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		4.4 CITY-ST-ZIP		
TITLE	D	☐	5.1 TITLE		☐ ☐
NAME	SANDS, PINKY		5.2 NAME		
STREET ADDRESS	3750 S DIXIE HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP		
TITLE	PD	☐	6.1 TITLE	S	☒ ☐
NAME	RUBIO, NELLY		6.2 NAME		
STREET ADDRESS	8900 NW 18TH TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI 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: Lynne Cameron **FAX SIGNATURE REQUIRED** 4/22/99 (305) 593-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lynne Cameron

CR2E037 (11/98)