


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90089 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N93000003590</b>			
1. Corporation Name <b>DANIA HISTORIC ANTIQUE DISTRICT ASSOCIATION, INC</b>			
Principal Place of Business <b>19 N FEDERAL HWY</b> <b>DANIA FL 33004</b>		Mailing Address <b>P.O. BOX 845</b> <b>DANIA FL 33004-0845</b> <b>US</b>	

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/09/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0435341	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEHMAN, RICHARD				81 Name			
3 N FEDERAL HWY				82 Street Address (P.O. Box Number is Not Acceptable)			
DANIA FL 33004				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature retained when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	0	<input type="checkbox"/> DELETE		1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME	BEAUDET, PHYLYSS	Director		1.2 NAME	GARGACK, Elinor		
STREET ADDRESS	56 N FEDERAL HWY			1.3 STREET ADDRESS	3 N Federal Hwy		
CITY-ST-ZIP	DANIA FL 33004			1.4 CITY-ST-ZIP	Dania, FL 33004		
TITLE	0	<input type="checkbox"/> DELETE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LEHMAN, RICHARD	President		2.2 NAME			
STREET ADDRESS	3 N FEDERAL HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL			2.4 CITY-ST-ZIP			
TITLE	0	<input type="checkbox"/> DELETE		3.1 TITLE	Spelling <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	CHRIST-MORALE, CAROL	Director		3.2 NAME	CHRIST-MORAL, CAROL		
STREET ADDRESS	26 N FEDERAL HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				4.2 NAME	BONG-MORALE		
STREET ADDRESS				4.3 STREET ADDRESS	3 N FEDERAL HWY		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	DANIA FL 33004		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME				5.2 NAME	MICHAEL T PIR		
STREET ADDRESS				5.3 STREET ADDRESS	3 N FEDERAL HWY		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DANIA FL 33004		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
NAME				6.2 NAME	GOLDIE LAST		
STREET ADDRESS				6.3 STREET ADDRESS	10 N FEDERAL HWY		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	DANIA FL 33004		

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Lehman, president

Richard Lehman, prez.

1/4/99

(954) 922-5467

Date

Daytime Phone #

CR2E037 (1/98)