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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 11 AM 9:38

DOCUMENT # N93000003856

1. Corporation Name
TOTAL ESCAPE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3281 KAPOT TERRACE<br>MIRAMAR FL 33025 | 3281 KAPOT TERRACE<br>MIRAMAR FL 33025 |

2. Principal Place of Business (21) | 2a. Mailing Address (26) | 3. Date Incorporated or Qualified: 08/26/1993

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 4. FEI Number: 65-0434219 ☐ Applied For ☐ Not Applicable

City & State (23) | City & State (28) | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

Zip / Country (24, 25) | Zip / Country (29, 30) | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LYNCH, ROSEANNE N
300 SOUTH PINE ISLAND ROAD
SUITE 304
PLANTATION FL 33324

CARMAN, GARY M
BROAD AND CASSEL
201 S. BISCAYNE BLVD
#3000 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CARMAN, GARY M
82 Street Address (P.O. Box Number is Not Acceptable)
83: 201 S. BISCAYNE BLVD #3000
84 City: MIAMI FL 85 Zip Code: 33131

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] 10/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LYNCH, ROSEANNE N<br>300 SOUTH PINE ISLAND ROAD #304<br>PLANTATION FL 33324 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>CARMAN, GARY M<br>BROAD AND CASSER<br>201 S. BISCAYNE BLVD #3000<br>MIAMI CENTER, MIAMI FL 33131 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDT<br>DIKAS, SUSAN<br>3281 KAPOT TERR.<br>MIRAMAR FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | PDT<br>DIKAS, SUSAN<br>3281 KAPOT TERR.<br>MIRAMAR FL. 33025 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>KREB, ELFIE<br>3021 N. OAKLAND PARK<br>OAKLAND FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>WINNIE GARNER<br>117 CALLE LARGO<br>HOLLYWOOD FL. 33021 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DIKAS, SYLVESTER<br>3281 KAPOT TERR.<br>MIRAMAR FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>DR. SYLVESTER DIKAS<br>3281 KAPOT TERR.<br>MIRAMAR FL. 33025 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WARD, JANET<br>308 NW 43RD ST.<br>POMPANO BCH. FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>DR. JERY KOLO<br>220 S.E. 2nd AVE<br>FT LAUDERDALE FL. 33301 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEARN, REGINA<br>3000 NE 146 ST.<br>N. MIAMI FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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] SUSAN DIKAS 9-13-99 (954) 436-5927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #