SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

\*\*AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # N9300004502

Corporation Name

SOUTH FLORIDA RESOURCE CONSERVATION AND DEVELOPM ENT COUNCIL, INC.

incipal Place of Business
5600 SW 288TH ST
UITE 402
OMESTEAD EL 33033

Mailing Address 15600 SW 288TH ST

## **FILED** Sep 09, 1999 8:00 am § Secretary of State

09-09-1999 90004 043 \*\*\*\*61.25

D SW 288TH ST 15600 SW 288TH ST 5E 402 SUITE 402 ESTEAD FL 33033 HOMESTEAD FL 33033								
Principal Place of Business	2a. Mailing Address	0017- (	71 l-		Incorporated or Qualif	ed		
15600 SW 288th Street	26 15600 SW 2	88th S	street					
Suite Apt. #, etc Suite 304	Suite, Apt. #, etc.			4. FEI N	0531530		——	plied For t Applicable
	City & State						\$8.75	
City & State Homestead, FL	⊢ · · · ·	FL		5. Certif	fcate of Status Desired		Fee Re	
Zip Country	Zip Homestead,		untry	6 Flecti	ion Campaign Financir	ng	\$5.00	May Be
33033 <b>25</b> USA	29 33033		USA	i i	Fund Contribution	<sup>ng</sup> □.	Added t	
9. Name and Address of Curren			JSA		e and Address of Ne	w Registered	Agent	
			81 Name	T TWO YOU	DOM: T			
LEVY, MORGAN I			82 Street	LEVY, MO	RGAN I  ox Number is Not Acce	intable)		
15600 SOUTHWEST 288 STREET, BOX 7			02 Sileet		288th Stree			
SUITE 402		}	83					
HOMESTEAD FL 33033			84 City	Suite 30	4		. <b>85</b> Zip C	code
1			84 City	Homestea	đ	FL		033
Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State	of Florida. Such change was	s autnonze	d by the corp	corporation subn oration's board of	nits this statement for t f directors. I hereby ac	cept the appo	intment as req	gistered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga  GNATURE  Signature, typed or printed name of registered agent.	of Florida. Such change was tions of, Section 617.0503, F	authorize Florida Stat	tutes.	Oration's board of	directors. Thereby ac	DATE	miniment as reg	
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V-SI-ZIP

I. 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 of suppliemental annual report strue 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 conforation or the receiver or (it)stee 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.

IGNATURE:

(305)246-4: (305)246-431.9

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

LΕ

REET ADDRESS

Y-ST-ZIP

☐ DELETE

Change

☐ Addition