

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

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

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Corporation Name

SOUTH FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

Principal Place of Business

5600 SW 288TH ST  
SUITE 402  
HOMESTEAD FL 33033

Mailing Address

15600 SW 288TH ST  
SUITE 402  
HOMESTEAD FL 33033



Principal Place of Business 15600 SW 288th Street		2a. Mailing Address 26 15600 SW 288th Street		3. Date Incorporated or Qualified 10/05/1993	
Suite, Apt. #, etc. Suite 304		27 Suite 304		4. FEI Number 65-0531530	
City & State Homestead, FL		28 Homestead, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 33033 25 USA		29 33033 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LEVY, MORGAN I  
15600 SOUTHWEST 288 STREET, BOX 7  
SUITE 402  
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name	LEVY, MORGAN I	
82 Street Address (P.O. Box Number is Not Acceptable)	15600 SW 288th Street	
83	Suite 304	
84 City	FL	85 Zip Code 33033

I, 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>OFFICERS AND DIRECTORS</b>			
LE	PD <input type="checkbox"/> DELETE HENDRIX, NOBLE J 25399 SW 157 AVE HOMESTEAD FL 33031	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	VD <input checked="" type="checkbox"/> DELETE LEVY, MORGAN I 9927 NORTHWEST 52 TERRACE MIAMI FL	12. NAME	
REET ADDRESS		13. STREET ADDRESS	
Y-ST-ZIP		14. CITY-ST-ZIP	
LE	ST <input checked="" type="checkbox"/> DELETE TOWNSHEND, WILLIAM WARD 24860 SOUTHWEST 194 AVENUE HOMESTEAD FL	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME		22. NAME	
REET ADDRESS		23. STREET ADDRESS	
Y-ST-ZIP		24. CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME		32. NAME	
REET ADDRESS		33. STREET ADDRESS	
Y-ST-ZIP		34. CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		42. NAME	
REET ADDRESS		43. STREET ADDRESS	
Y-ST-ZIP		44. CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		52. NAME	
REET ADDRESS		53. STREET ADDRESS	
Y-ST-ZIP		54. CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		62. NAME	
REET ADDRESS		63. STREET ADDRESS	
Y-ST-ZIP		64. CITY-ST-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 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: MORGAN I LEVY, TREAS (305) 246-4319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E037 (5/99)