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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000001152

1. Corporation Name

ROTARY EVENTS FOR CHARITY, INC.

Principal Place of Business

7700 N KENDAL DR  
STE 805  
MIAMI FL 33156  
US

Mailing Address

7700 N KENDALL DR  
STE 805  
MIAMI FL 33156  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
03/08/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0468523

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POZEN, IRA  
9130 S DADELAND BLVD  
STE 1510  
MIAMI FL 33156

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

*IRA POZEN*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/19/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  DELETE  
NAME SPARGER  
STREET ADDRESS 9816 SW 119TH ST  
CITY-ST-ZIP MIAMI FL 33157

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CD  DELETE  
NAME APPLESTEIN, JUDY  
STREET ADDRESS 14037 SW 84TH ST  
CITY-ST-ZIP MIAMI FL 33183

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME DAVIS, LARRY  
STREET ADDRESS 9400 S. DADELAND BLVD.  
CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 7700 N. KENDALL DRIVE # 805  
3.4 CITY-ST-ZIP MIAMI FL 33156

TITLE SD  DELETE  
NAME CAROL BROOKINS  
STREET ADDRESS 19828 SW 168TH ST  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*IRA POZEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99  
Date

301-274-4600  
Daytime Phone #

CR2E037 (1/198)