


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005523					
1. Corporation Name THE BISCAVNE INSTITUTE, INC.					
Principal Place of Business 11700 NE 9TH AVE BISCAVNE PARK FL 33161			Mailing Address 11700 NE 9TH AVE BISCAVNE PARK FL 33161		



2. Principal Place of Business 21 2503 NE 135th St. Suite, Apt. #, etc. 22 City & State - 23 N. Miami FL Zip Country 24 33181 25 USA		2a. Mailing Address 26 2503 NE 135th St. Suite, Apt. #, etc. 27 City & State 28 N. Miami FL Zip Country 29 33181 30 USA		3. Date Incorporated or Qualified 11/08/1994 4. FEI Number 65-0578953 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 Dillon CHERRY, MARY ELIZABETH 11700 NE 9TH AVE BISCAVNE PARK FL 33161 change of address			10. Name and Address of New Registered Agent 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

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWIE, STAN L PH D	1.2 NAME	
STREET ADDRESS	1150 NW 203RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEL RATH, KAREN PH D	2.2 NAME	
STREET ADDRESS	290 SUNRISE DR APT 1L	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, PAT	3.2 NAME	
STREET ADDRESS	219 MENORES AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	BM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, ANDREW L. DSW	4.2 NAME	
STREET ADDRESS	11700 NE 9TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BISCAVNE PARK FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *(Signature of Mary Elizabeth Dillon)* 1/25/99 (305) 948-3826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)