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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N95000004584

1. Corporation Name

DADE D.U.I., INC.

Principal Place of Business	Mailing Address
1558 N.E. 162 ST. NORTH MIAMI BEACH FL 33162	1558 N.E. 162 ST. NORTH MIAMI BEACH FL 33162

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 SAME	26 SAME	09/27/1995

Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0615059	Applied For / Not Applicable
22	27		

City & State	City & State	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23	28		

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANSON, STEPHEN 1558 N.E. 162 ST. NORTH MIAMI BEACH FL 33162	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 PD ☐ DELETE **NAME** MANSON, STEPHEN **STREET ADDRESS** 1321 NE 172 STREET **CITY-ST-ZIP** N. MIAMI BEACH FL 33162	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D ☐ DELETE **NAME** EDELSTEIN, MAX **STREET ADDRESS** 4000 N. HILLS DR. #21 **CITY-ST-ZIP** HOLLYWOOD FL 33021-	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D ☐ DELETE **NAME** GORDON, DONI **STREET ADDRESS** 16750 NE 10 AVE **CITY-ST-ZIP** N. MIAMI BEACH FL 33162	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D ☐ DELETE **NAME** BREIER, DAVID **STREET ADDRESS** 17201 NE 11 AVE **CITY-ST-ZIP** N. MIAMI BEACH FL 33162	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D ☐ DELETE **NAME** EDELSTEIN, MAX **STREET ADDRESS** 4000 N. HILLS DR #21 **CITY-ST-ZIP** HOLLYWOOD FL 33021	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	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 REQUIRED _____   4-27-99 305 94113310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)