FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

MIAMI FL 33156

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TIDE

NAME

22

23 Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000097 (3)

A.C.T. FOR HOWARD DRIVE, INC.

Principal Plac	ce of Business	Mailing Address				T SANDTHON DID HOSEN CHILL BOSIES OUT OF SELECTION OF SEL
7750 S.W. 136 STREET		7750 S.W. 136 STREET			3. Date Incorporated or Qualified	
MIAMI FL 33156		MIAMI FL 33156			12/29/1995	
						4. FEI Number Applied For
						65-0627544 Not Applicable
2. Principal F	Place of Business	2a. Mailing Address			• ••	- ¢0.75 A.(19)
21		26				5. Certificate of Status Desired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & Stat	le	City & State				7. Is this nonprofit corporation a homeowners association?
23		28				☐ Yes XNo
Zip	Country	Zìp	Co	untry	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes X No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
STEINMAN, JAY A.				82	Stroot Add	dress (P.O. Box Number is Not Acceptable)
	2ND STREET		Sileer AC		Sieel Add	areas (F.O. DOX Number is Not Acceptable)
ONE INTERNATINAL PLACE, SUITE 2800				83		1000
MIAMI FL 33131				84		
DED WITE	2 33 13 1				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: Re 12. OFFICERS AND DIRECTORS				d Age	ent signature requ	uired when reInstating) DATE
			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	<u> </u>		1,1 T			☐ Change ☐ Addition 은
NAME LARKIN, ELYSE S		1.2 N	IAME		3/	
STREET ADDRESS C/O HOWARD DRIVE ELEM. 7750 SW 136 ST.			1.3\$	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33156		1.4 C	1.4 CITY-ST-ZIP		Change I Addition	
TITLE	D DELETE		2.1 T	ITLE		☐ Change ☐ Addition ☐
NAME DEMAR, EMILY			2.2 N	AME		
STREET ADDRESS C/O HOWARD DRIVE ELEM. 7750 SW 136 ST.			2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			2, 40	2. 4 CITY-ST-ZIP		
TITLE	D DELETE		3.1 Ti	ITLE		☐ Change ☐ Addition
NAME CARUSO, DEBORAH		3.2 N	AME			
STREET ADDRESS C/O HOWARD DRIVE ELEM. 7750 SW 136 ST.		3.3 S	TREET	ADDRESS		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 emplowered 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.

3.4. CITY - ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

___ DELETE

___ DELETE

DELETE

SIGNATURE:

Change

Change

___ Addition

Addition

___ Addition

FILED

Jan 15 1998 8:00am

Secretary of State