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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

470959 - 90052 - 22

DOCUMENT # N96000000097

1. Corporation Name

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

Principal Place of Business	Mailing Address
7750 S.W. 136 STREET MIAMI FL 33156	7750 S.W. 136 STREET MIAMI FL 33156

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/29/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0627544 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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
STEINMAN, JAY A. 100 SE 2ND STREET ONE INTERNATINAL PLACE, SUITE 2800 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President P	☒ Change ☒ Addition
NAME	LARKIN, ELYSE S		1.2 NAME	Gail Blyden	
STREET ADDRESS	C/O HOWARD DRIVE ELEM. 7750 SW 136 ST.		1.3 STREET ADDRESS	13221 SW 72 ave.	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	☒ DELETE	2.1 TITLE	President P	☒ Change ☒ Addition
NAME	DEMAR, EMILY		2.2 NAME	Lisa Greenberg	
STREET ADDRESS	C/O HOWARD DRIVE ELEM. 7750 SW 136 ST.		2.3 STREET ADDRESS	6905 SW 142 Terr.	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	Miami, FL 33158	
TITLE	D	☒ DELETE	3.1 TITLE	Vice President D	☒ Change ☒ Addition
NAME	CARUSO, DEBORAH		3.2 NAME	Nancy Oelsner	
STREET ADDRESS	C/O HOWARD DRIVE ELEM. 7750 SW 136 ST.		3.3 STREET ADDRESS	6901 SW 134 St	
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP	Miami FL 33156	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Lisa Greenberg SIGNATURE REQUIRED Lisa Greenberg 1/14/99 305-253-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #