## **≲ILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N9600000522 (0) DOCUMENT #

## LIFELINES OF SOUTH FLORIDA, INC.

Principal Plac	e of Business	Mailing Address			
601 BRICKELL KEY DRIVE		601 BRICKELL KEY DRIVE			
SUITE 901		SUITE 901			
MIAMI FL 33131	l	MIAMI FL 33131-2649		3. Date incorporated or Qualified 3a 01/30/1996	. Date of Last Report
2. Principal F	Place of Business	28, Mailing Address		4. FEI Number	Applied For
21		26		(65-0671738	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Florida Company of the Company of	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has tiability for intang	
24	25		30		IZ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	red Agent
81 Name					
ADAMS, RICHARD B JR.			82 Street Address (P.O. Box Number is Not Acceptable)		
66-West Flagler Street 5th Floor			83		
MIAMI FL 33130					
•			84 City		S5 Zip Code
11 Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was all igations of, Section 617.0503, Flor	utnorized by the corporal rida Statutes.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		•			
	Signature, typed or printed name of registered	The state of the s	: Registered Agent signature requi		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change  Addition
TITLE		TT hereic	1.1 TITLE D	atrialie finkel	Cusuda Februarion
NAME	ļ		1.2 NAME	athalie finkel faithfundation of S. Fluck of Brickell Key Dr., Suite 96	يام إ
STREET ADDRESS			1.3 STREET ADDRESS	of Brickell key by, some	)
CITY-ST-ZIP TITLE		DELETE		11 ami, PL 33131	Change X Addition
NAME	ĺ		2.2 NAME P	stacey Moster null's Moster Designs, Inc.	Las charge (22 rection
STREET ADDRESS			2.3 STREET ADDRESS	09 Harrison St., #201	
CITY-ST-ZIP	1		2.4 CITY-ST-ZIP	ollywood, FL 33024	
TITLE		DELETE		orge Pena	Change M Addition
NAME			31 TITLE D	axan Business Business	
STREET ADDRESS			3.3 STREET ADDRESS 13	925 NN GO AVE.	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	lami Lakes, FL 93014	
TITLE		DELETE	4.1 TITLE Ø A	au Buonel	☐ Change 🔀 Addition
NAME	ļ		4.2 NAME Y	つりつからす	
STREE1 ADDRESS			4.3 STREET ADDRESS VC	to Mi Joh Ave. F. Lauderdale, FL 33517	
CITY - ST - ZIP			4.4 City-St-ZIP		
TITLE		☐ DELETE	5.1 TITLE 10 U	ucia reliciano L	Change Addition
NAME			52 NAME	KTI KIN FOUNDOOD OF 3 . F KONCUG	L
STREET ADDRESS				DI Brickell Key Or., Swite 901	
Olty of Tip	1		ELONG CT 710 MC	àni, FL 33131	

Two S. Biscayne Blvd., Suite 2450 Miami, FL 33131 14. I do 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CHTY-ST-ZIP

TITLE NAME

DELETE

305-374-7200

Change

idia Roaniquez Rechase Mannattan Private Bank

**FILED** 

Feb 19 1997 8:00am

Secretary of State