

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **N9600003082**

CALL TO ACTION: SOUTH FLORIDA, INCORPORATED

Principal Place of Business								
7825 J-312	CAMINO	REAL						

Mailing Address

P.O. BOX 674

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90012 015 ****61.25

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J-312 MIAMI FL 3314 US	3	BOCA RATON FL 33429-0674 US								
2. Principal Pl	ace of Business		2a. Mailing Address			3. Date Incorporated of 06/10/1996	or Qualifed			
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.			4: FEI Number 65-0678885	• بيز حد د	— — — · · ·	olied For Applicable	
City & State	•	:	City & State			5. Certifcate of Status	Desired	\$8.75 A Fee Re		
Zip 24	Country Zip 29 30				Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe					
'	9. Name and Add	iress of Current Re	gistered Agent			10. Name and Addres	s of New Register	ed Agent		
				8	Name				ì	
	, THOMAS			82	Street	Address (P.O. Box Number is I	Not Acceptable)			
7825 CAM				8:	3	<u></u>				
APT. J-312					<u></u>					
MIAMI FL				84	1 .		F	L 85 Zip C		
office or re	anistered agent for ho	oth in the State of F	id 617.1508, Florida Statute lorida. Such change was au s of, Section 617.0503, Flor	itnonzea bi	/ the corpo	corporation submits this statem pration's board of directors. I he	nent for the purpose ereby accept the ap	of changing its pointment as reg	registered gistered	
SIGNATURE							DATE			
12.	Signature, typed or printed n	OFFICERS AND D		13.	ent signature r	equired when reinstating) ADDITIONS/CHANG		AND DIRECTO	RS IN 12	
TITLE	T	OFFICERS AND D	DELETE	1.1 T/TLE					Addition	
NAME	SPRINGER, THOM	ZAL		1.2 NAME		SPRINGER	THOMA	S		
{	7825 CAMINO RE				ET ADDRESS	7825 CAMIN	JO REAL	- 7 3 (2	λ	
STREET ADDRESS	MIAMI FL	AL 0-012		1.4 CITY-		MIAMI FL	33143	3	1	
CITY-ST-ZIP	P		DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
i			*	2.2 NAME		,				
NAME	Sharas, Joan 1270 Ne 26th ti	EDD .			ET ADDRESS	1				
STREET ADDRESS	POMPANO BCH			2. 4 CITY-			-	.	<u>-</u>	
CITY-ST-ZIP TITLE	S	<u> </u>	☐ DELETE	3.1 TITLE		D	D H	Change	Addition	
NAME	SCHAUB, JOSEP	ш		3.2 NAME		SCHAUB J	05E PM			
STREET ADORESS	2200 SW 15TH C				ET ADDRESS	12200 500 10		. .		
CITY+ST-ZIP	FT LAUDERDALE			3.4. CITY-		FT LAUDER	DALE F	L 333	3121	
TITLE	D	7 L 00012	DELETE	4.1 TITLE				☐ Change	Addition	
NAME -	WOHL, YOLANDA	1	Λ	4. 2 NAME		STREET	ott N		.,	
STREET ADDRESS	11135 SW 154 TI			4.3 STRE	ET ADDRESS	3003 TERRA	MAR S	T. F. 60	7/	
CITY-ST-ZIP	MIAMI FL 33157	 •		4.4 CITY-		FT LAUDER	DALE P	<u>-</u> ム_3:	3304	
TITLE	D		☐ DELETE	5.1 TITLE		Γ' ν' Ρ	TEPHEN	TQ. 0.5	X Addition	
NAME	CHOMAS, STEPE	:N		5.2 NAME		CHOMAS S	1 E T 11 E N	•	ļ	
STREET ADDRESS	624 ANTIOCH AV			5.3 STRE	ET ADDRESS	1035 SW 1		- 2 - 1	<u> </u>	
CITY-ST-ZIP	FT. LAUDERDALE			5.4 CITY-	ST-ZIP	FTLAUDER	DACE, FL		5	
TITLE	VP		☐ DELETE	6.1 TITLE		P+T:	21.5	Change	Addition	
NAME	ADLER, SHIRLEY			6.2 NAME		ADLER SHI	レアによ	1002		
STREET ADDRESS	600 S. OCEAN B			6.3 STRE	ET ADORESS	600 S.OCEAN	ISLUDG	1003		
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-	ST-ZIP	BOCA RATON) FL 33	1430		

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 of an attachment with an address, with all other like empowered.

SIGNATURE: