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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90012 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006190**

1. Corporation Name  
**THE FOUNTAIN OF PEMBROKE PINES, INC.**

Principal Place of Business 2732 S.W. 9TH STREET FORT LAUDERDALE FL 33312	Mailing Address P.O. BOX 823003 PEMBROKE PINES FL 33082-3003
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/02/1996	4. FEI Number 65-0716717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent LOMAX, WAYNE 2732 SW 9TH STREET FT LAUDERDALE FL 33312	10. Name and Address of New Registered Agent BRO. MEL WILSON 1401 SW 75TH TER PLANTATION, FL 33317-4950
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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 Mel Wilson, Esq. 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 PD	NAME PETERSON, WALTER	1.1 TITLE	BRO. AUNDRAY ADAMS
STREET ADDRESS 8517 CLARIDGE DR.	CITY-ST-ZIP MIRAMAR FL 33025	1.2 NAME	9421 CHELSEA DR
TITLE D	NAME JAMES, VERONICA	1.3 STREET ADDRESS MIRAMAR, FL 33025-3878	1.4 CITY-ST-ZIP
STREET ADDRESS 1222 NW 195TH AVE.	CITY-ST-ZIP PEMBROKE PINES FL 33029	2.1 TITLE	BRO. MEL WILSON
TITLE D	NAME MONROE, PAT	2.2 NAME	1401 SW-75TH TER
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	2.3 STREET ADDRESS	PLANTATION, FL 33317-4950
TITLE D	NAME MONROE, PAT	2.4 CITY-ST-ZIP	
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	3.1 TITLE	SIS. GWENDOLYN LIPSCOMB
TITLE D	NAME MONROE, PAT	3.2 NAME	1630 SW 97TH TER
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	3.3 STREET ADDRESS	PEMBROKE PINES, FL 33025-3694
TITLE D	NAME MONROE, PAT	3.4 CITY-ST-ZIP	
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	4.1 TITLE	SIS. REDA PIERRE
TITLE D	NAME MONROE, PAT	4.2 NAME	502 SW 200TH TERRACE
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	4.3 STREET ADDRESS	PEMBROKE PINES, FL 33029
TITLE D	NAME MONROE, PAT	4.4 CITY-ST-ZIP	
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	5.1 TITLE	
TITLE D	NAME MONROE, PAT	5.2 NAME	
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	5.3 STREET ADDRESS	
TITLE D	NAME MONROE, PAT	5.4 CITY-ST-ZIP	
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	6.1 TITLE	
TITLE D	NAME MONROE, PAT	6.2 NAME	
STREET ADDRESS 320 NW 204 AVE.	CITY-ST-ZIP PEMBROKE PINES FL	6.3 STREET ADDRESS	
TITLE D	NAME MONROE, PAT	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Walter H Peterson

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

CR2E037 (11/98)