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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000001302

1. Corporation Name

ARDENNE ALUMNI ASSOCIATION OF FLORIDA, INC.

Principal Place of Business
700 NORTH 66TH TERRACE
HOLLYWOOD FL 33024

Mailing Address
700 NORTH 66TH TERRACE
HOLLYWOOD FL 33024



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KEANE, JUDITH 700 NORTH 66TH TERRACE HOLLYWOOD FL 33024				81 Name MICHAEL A GRANT 82 Street Address (P.O. Box Number is Not Acceptable) 1806 SW 99TH AVE 83 MIRAMAR FL 84 City FL 85 Zip Code 33025	

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 Michael A Grant MICHAEL A GRANT PRESIDENT 4/4/99
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, MICHAEL	1.2 NAME	
STREET ADDRESS	1806 SW 99TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, NORMAN	2.2 NAME	
STREET ADDRESS	22502 SW 66TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEANE, JUDITH	3.2 NAME	JOAN ROSE
STREET ADDRESS	700 NORTH 66TH TERRACE	3.3 STREET ADDRESS	2718 SW 177TH AVE
CITY-ST-ZIP	HOLLYWOOD FL 33024	3.4 CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELFER, DALE	4.2 NAME	MARK MONROE
STREET ADDRESS	1360 NW 196TH TERRACE	4.3 STREET ADDRESS	7136 NW 78TH PL
CITY-ST-ZIP	MIAMI FL 4	4.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Michael A Grant MICHAEL A GRANT 4/4/99 305 552 2093
Signature and typed or printed name of signing officer or director Date Daytime Phone #