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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001593

1. Corporation Name

THE COALITION ADVOCATING MEDICAL MARIJUANA CORP.

Principal Place of Business

800 E BROWARD BLVD
STE 310
FT LAUDERDALE FL 33301
US

Mailing Address

P O BOX 290054
FT LAUDERDALE FL 33329-0054
US

REINSTATEMENT



5/10/99 90113038 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2302 NE 7 Ave	26	03/21/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23	27	NOT APPLICABLE
23 City & State	28 City & State	5. Certificate of Status Desired
23 WILTON MANORS FL	28	☐ \$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing
24 33334	29 USA	☐ \$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

KAYTON, ANDREW ESQ.
3000 BISCAYNE BLVD
STE 215
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name	Russell Cormican
82 Street Address (P.O. Box Number is Not Acceptable)	800 E. Broward Blvd
83	Suite 310
84 City	Fort Laud. FL
85 Zip Code	33307

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 Russell Cormican

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

5/4/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT
NAME	LEEMAN, TONI	1.2 NAME	SCOTT BLEDSOE
STREET ADDRESS	3710 N. 65TH AVE.	1.3 STREET ADDRESS	1410d Orange Park Rd. #177
CITY-ST-ZIP	HOLLYWOOD FL 33024	1.4 CITY-ST-ZIP	Orange Park FL 32073
TITLE	VD	2.1 TITLE	VICE PRESIDENT
NAME	MUSIKKA, ELVY	2.2 NAME	GREG SCOTT
STREET ADDRESS	6890 LEE STREET	2.3 STREET ADDRESS	2848 NE 9 Terr.
CITY-ST-ZIP	HOLLYWOOD FL 33024	2.4 CITY-ST-ZIP	Wilton Manors FL 33334
TITLE	S	3.1 TITLE	SECRETARY
NAME	CONNOR, JESSICA	3.2 NAME	JODI JAMES
STREET ADDRESS	3000 BISCAYNE BLVD STE 215	3.3 STREET ADDRESS	2613 Larry Ct.
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE	T	4.1 TITLE	TREAS.
NAME	CORMICAN, RUSSELL	4.2 NAME	TONI LEEMAN
STREET ADDRESS	800 E BROWARD BLVD STE 310	4.3 STREET ADDRESS	3710 N 65 Ave.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	HIW FL 33024
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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:

SIGNATURE REQUIRED

Toni Leeman 5/4/99 954-5687175

Date

Daytime Phone #

CR2E037 (11/98)