

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90014 008 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

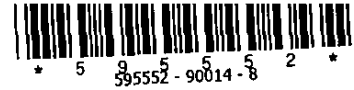


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000001864**

1. Corporation Name  
**SOUTH BEACH SOCIETY OF RELIGIOUS SCIENCE, INC.**

Principal Place of Business Mailing Address  
~~455 EOPLANOLA ST.~~ P.O. BOX 41-5129  
~~MIAMI BEACH FL 33141~~ MIAMI BEACH FL 33141



2. Principal Place of Business 21 17550 Collins Ave.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0748611	
23 City & State Sunny Isles, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33160 Country USA		29 Zip Country		30 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				10. Name and Address of New Registered Agent			
HARTE, GREGORY <del>8501 CRESPI BLVD #8</del> <del>MIAMI BEACH FL 33141</del>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 500 N. CONGRESS AVE., #B210			
				83			
				84 City DELRAY BEACH FL 85 Zip Code 33445			

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 *Greg C. Harte* 7/7/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTE, GREG	1.2 NAME	HARTE, GREGORY
STREET ADDRESS	8501 CRESPI BLVD., #6	1.3 STREET ADDRESS	500 N. CONGRESS AVE. #B210
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEY, PAT	2.2 NAME	AMEY, PATRICIA S.
STREET ADDRESS	7510 BILTMORE BLVD	2.3 STREET ADDRESS	7510 BILTMORE BLVD.
CITY-ST-ZIP	MIRAMAR FL 33005	2.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, WAYNE	3.2 NAME	
STREET ADDRESS	445 NE 93RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTE, DEBORAH M	4.2 NAME	HARTE, DEBORAH M.
STREET ADDRESS	445 NE 93RD STREET	4.3 STREET ADDRESS	500 N. CONGRESS AVE. #B210
CITY-ST-ZIP	MIAMI SHORES FL 33138	4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
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: *Greg C. Harte* 7/7/99 305-903-9060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E037 (5/99)