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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000006989

1. Corporation Name

MIAMI BEACH GARDEN CONSERVANCY, INC.

Principal Place of Business
 2000 CONVENTION CENTER DR
 MIAMI BEACH FL 33139

Mailing Address
 2000 CONVENTION CENTER DR
 MIAMI BEACH FL 33139



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0811036	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREEN, LISA H 14 NE 1ST AVE #1205 MIAMI FL 33132				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUFFENBURGER, ARTHUR A	1.2 NAME	PATRICIA BISHOP
STREET ADDRESS	465 41ST STREET	1.3 STREET ADDRESS	5 ISLAND AVE.
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIBOVIEL, LINDA	2.2 NAME	VICTORIA MONTIFILORE
STREET ADDRESS	400 SOUTH POINTE DR	2.3 STREET ADDRESS	6380 N. BAM RD
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EMILY	3.2 NAME	
STREET ADDRESS	115 VENETIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, MATTHEW	4.2 NAME	
STREET ADDRESS	419 POINCIANA ISLAND DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, SHEILA	5.2 NAME	
STREET ADDRESS	2146 PRAIRE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, PETER	6.2 NAME	
STREET ADDRESS	16 ISLAND AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	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: Matthew Freund DATE: 02-09-99 DAYTIME PHONE: 305-673-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (1/198)