


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90044 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001991					
1. Corporation Name SOUTH FLORIDA COMMUNITY SERVICE CENTER, INC.					
Principal Place of Business 8753 CLEARY BLVD. PLANTATION FL 33324-1341			Mailing Address 8753 CLEARY BLVD. PLANTATION FL 33324-1341		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-082-6785	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
29		30		<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			
DESRAVINES, SMITH 375 N.E. 54TH STREET, SUITE #6 MIAMI FL 33137				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

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 <input type="checkbox"/> DELETE NAME PD STREET ADDRESS COLEMAN, HERBERT CITY-ST-ZIP 700 N.E. 26TH TERR MIAMI FL 33137				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME TD STREET ADDRESS DEJEAN, MARIE THERESE E DR. CITY-ST-ZIP 286 N.E. 200 TERR MIAMI FL 33179				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS GAY, GEORGE CITY-ST-ZIP 16455 N.E. 6TH AVENUE MIAMI FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)