NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Aartis...

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9800002781

Corporation Name

SOUTH FLORIDA EDUCATIONAL LAW CENTER, INC.

FILED May 12, 1999 8:00 am Secretary of State

05-12-1999 90001 043 ****70.00

Principal Place	of Business	Mailing Address					er ner såll
6591 SWEET MAPLE LANE BOCA RATON FL 33433 6591 SWEET MAPLE LANE BOCA RATON FL 33433							
2. Principal Place of Business 2a. Mailing Address				·	3. Date Incorporated or Qualifed 05/15/1998		
21		Suite, Apt. #, etc.			4. FEI Number Applied For		
Suite, Apt.	#, etc.	⊢			65-083652 5		Applicable
22		27 City & State				-\$8.75 A	dditional -
City & State		28		5. Certificate of Status Desired	Fee Rec	periug	
Zip Country		Zip Country		6. Election Campaign Financing	\$5.00	May 8e	
Zip	25	29 30]		Trust Fund Contribution	Added to	Fees
24	9. Name and Address of Current				10. Name and Address of New Registered Agent		
	o. Marite discordance of the second		8	Name			
A. A. M. A.				Street A	Street Address (P.O. Box Number is Not Acceptable)		
AMERILAY			8:	300017	Adioba f may italian		
	RIA AVENUE		8:	3		_	
CORAL G	ABLES FL 33134		<u> </u>	4 00		85 Zip C	ode
			B-	1 .	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap-	FL	
office or registered agent, or both, in the state of inches section 617.0503, Florida Statutes. SIGNATURE Signature, types 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							
12.		DELETE	1.1 TITLE	·		☐ Change	☐ Addition
TITLE	PONAN PUECCALL LODI		1.2 NAME	.			
NAME	RONAN-KHESSALI, LORI 6591 SWEET MAPLE LANE		13 STRE	ET ADDRESS			
STREET ADDRESS	BOCA RATON FL 33433		1.4 CITY-	_			
TITUE	VD	☐ DELETE	21 IIILE			☐ Change	Addition
NAME	HERNANDEZ, EVELYN		2.2 NAME				
STREET ADDRESS	6591 SWEET MAPLE LANE		2.3 STRE	ET ADDRESS			
• • • • • • • • • • • • • • • • • • • •	BOCA RATON FL 33433	/	2.4CTY	-ST-ZIP			
CITY-ST-ZIP	STD	☑ DELETE	31 TITLE		STD	∰ Change	Add tion
NAME	RESNICK, ROBERT ESQ.		3.2 NAME	:	Roby, LISA I Manial	o mi o	
STREET ADDRESS	6591 SWEET MAPLE LANE	 -	3.3 STRE	ET ADDRESS	6241- Sweet-Inaple	22	•
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY	-ST-ZIP	Roby, Lisa Roby, Lisa 6591 Sweet Maple L BOCA RATON, 7L 334	<u> </u>	
TITLE	COOK INTON I E CO.ICO	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME]		4. 2 NAM	E			
STREET ADDRESS	}		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	1		4.4 CITY	ST-ZIP			
TITLE	*	☐ DELETE	5.1 TITLE			Change	Addition
NAME	·		5.2 NAM	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
	1		54 CITY	ST-ZIP			
CITY-ST-ZIP	-	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	.			
1)		6.3 STRE	ET ADDRESS			
STREET ADDRESS			6.4 CITY	ST-ZIP			
CITY-ST-ZIP			*		The second of th		formation 6

1 hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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:

SIGHTUSE REVIVES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 561-477-9708

CR2E037 (11/98)