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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90070 020 ****61.25

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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 # N98000004389

1. Corporation Name

CARRIBBEAN RESOURCE FOR EDUCATIONAL ENHANCEMENT
& DEVELOPMENT, INC.

Principal Place of Business

110 BONAVENTURE BOULEVARD APT. 209
WESTON FL 33326

Mailing Address

110 BONAVENTURE BOULEVARD APT. 209
WESTON FL 33326



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/27/1998
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	650855768
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL, VIOLET
110 BONAVENTURE BOULEVARD APT. 209
WESTON FL 33326

10. Name and Address of New Registered Agent

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D BRABLEC CYNTHIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHONE, ANGELA	1.2 NAME	300 S. PINE ISLAND RD. SUITE 246A
STREET ADDRESS	6151 PALM TRACE LANDINGS DRIVE	1.3 STREET ADDRESS	PLANTATION FL. 33324
CITY-ST-ZIP	CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D GARY SHAPIRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECASTRO, JOHN	2.2 NAME	700 S. FED. HIGHWAY SUITE 200
STREET ADDRESS	482 N.E. 210 CIRCLE APT. 103	2.3 STREET ADDRESS	BOCARATON FL. 33432
CITY-ST-ZIP	NORTH MIAMI FL 33179	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D LINDA SHAPIRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, BARBARA	3.2 NAME	700 S. FED. HIGHWAY SUITE 200
STREET ADDRESS	320 S.W. 99TH TERRACE	3.3 STREET ADDRESS	BOCARATON FL. 33432
CITY-ST-ZIP	PEMBROKE PINES FL 33025	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D DIANE MANN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, OMAR	4.2 NAME	1237 N.E. 4TH AVE.
STREET ADDRESS	15030 NORFOLK LANE	4.3 STREET ADDRESS	FT. LAUDERDALE FL. 33304
CITY-ST-ZIP	DAVIE FL 33331	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BYRD, GLENNA	5.2 NAME	
STREET ADDRESS	4520 N.W. 4TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	RHODD, RUPERT	6.2 NAME	
STREET ADDRESS	7853 N.W. 60TH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	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
VIOLET CAMPBELL 4/24/99 954-739-7888

CR2E037 (11/98)