

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

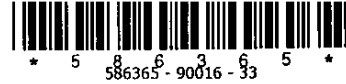
FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90016 033 ****61.25

DOCUMENT # **N98000006074** ✓
1. Corporation Name
REACHOUT COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business
**602 LANDINGS BLVD
WEST PALM BEACH FL 33463**

Mailing Address
**602 LANDINGS BLVD
WEST PALM BEACH FL 33463**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Same		26 Same		10/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		65-0876021	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
4 25		29 30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PAULO, NICHOLAS E 602 LANDINGS BLVD WEST PALM BEACH FL 33463				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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	
Paulo, Nicholas E						7/4/99	
12. OFFICERS AND DIRECTORS							
TITLE	PD	<input type="checkbox"/> DELETE					
NAME	PAULO, NICHOLAS E						
STREET ADDRESS	602 LANDINGS BLVD						
CITY-ST-ZIP	WEST PALM BEACH FL 33463						
TITLE	VD	<input type="checkbox"/> DELETE					
NAME	ISER, PAUL						
STREET ADDRESS	602 LANDINGS BLVD						
CITY-ST-ZIP	WEST PALM BEACH FL 33463						
TITLE	STD	<input type="checkbox"/> DELETE					
NAME	HAINLINE, ED						
STREET ADDRESS	602 LANDINGS BLVD						
CITY-ST-ZIP	WEST PALM BEACH FL 33463						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 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							
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 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: **Paulo, Nicholas E** **7/4/99** **561-642-6706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)