

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90131 020 ***150.00

DOCUMENT # P97000091859

1. Corporation Name
PARTNERS FOR CHANGE, INC.

Principal Place of Business
9300 SOUTH DADELAND BLVD SUITE 406
MIAMI FL 33156

Mailing Address
9300 SOUTH DADELAND BLVD SUITE 406
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0790033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 801 Brickell Ave.

Suite, Apt. #, etc.

#900

City & State

23 Miami, FL

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 801 Brickell Ave.

Suite, Apt. #, etc.

#900

City & State

28 Miami, FL

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

KAPLAN, LINDA M
9300 SOUTH DADELAND BLVD SUITE 406
MIAMI FL 33156

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE D ☐ DELETE
NAME SMITH, MARK
STREET ADDRESS 44 NIGHTINGALE ROAD, HAMPTON
CITY-ST-ZIP MIDDLESEX, TW12 3HZ

TITLE D ☐ DELETE
NAME CONNOLLY, TIM
STREET ADDRESS THE RIDGE HOUSE, THE RIDGE
CITY-ST-ZIP WOLDINGHAM, SURREY CR3 7AX

TITLE D ☒ DELETE
NAME LINDA M KAPLAN
STREET ADDRESS 9300 S DADELAND BLVD #406
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Smith, Mark
1.3 STREET ADDRESS 44 Nightingale Road, Hampton
1.4 CITY-ST-ZIP Middlesex, TW12 3HZ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V.P. Secretary Treasurer ☐ Change ☒ Addition
4.2 NAME Colin Stafford
4.3 STREET ADDRESS 801 Brickell Ave., Suite 900
4.4 CITY-ST-ZIP Miami, FL 33133

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 April 1999

Date

407 475 0288

Daytime Phone #

CR2E034 (11/98)

0223049