


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

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

04-30-1999 90069 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025561

1. Corporation Name  
COMMUNITY HOUSING SERVICES, CORP.

Principal Place of Business 2450 NE 135 ST. #310 NORTH MIAMI FL 33181	Mailing Address 2450 NE 135 ST. #310 NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

4. FEI Number

65-0845924

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 2020 NE. 163 ST.

Suite, Apt. #, etc.

22 300

City & State

23 NO. MIAMI BEACH, FL

Zip

24 33162

Country

2a. Mailing Address

26 2020 NE 163 ST.

Suite, Apt. #, etc.

27 300

City & State

28 NO. MIAMI BEACH FL

Zip

29 33162

Country

9. Name and Address of Current Registered Agent

LEVINE, RALPH  
2450 NE 135 ST. #310  
NORTH MIAMI FL 33181

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, PETER E	
STREET ADDRESS	2450 NE 135 ST. #310	
CITY-ST-ZIP	NORTH MIAMI FL 33181	

TITLE	DVST	<input type="checkbox"/> DELETE
NAME	LEVINE, RALPH	
STREET ADDRESS	2450 NE 135 ST. #310	
CITY-ST-ZIP	NORTH MIAMI FL 33181	

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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH LEVINE	
1.3 STREET ADDRESS	2020 NE. 163 ST. #300	
1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL. 33162	

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 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: RALPH LEVINE 4/12/99 305-787-6072 x259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)