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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005428 (6)
1. Corporation Name
FRIENDS OF THE DCCOSW, INC.



Principal Place of Business Mailing Address
C/O ROCHELLE S. LEVIN, ESO.
444 BRICKELL AVE., SUITE 300
MIAMI FL 33131

3. Date Incorporated or Qualified
11/15/1995

4. FEI Number 65-0642991
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 22800 S.W. 157 AVE 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 PO BOX 970 637
City & State City & State
23 MIAMI, FL 28 MIAMI FL
Zip Country Zip Country
24 33170 25 DADÉ 29 33197 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STEWART LEVIN, ROCHELLE S ESO.
444 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name STEWART MERKIN, ESO
82 Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE
83 SUITE 300
84 City MIAMI FL 85 Zip Code 33131

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 *Stewart Merkin*

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'ROURKE, JANISE	
STREET ADDRESS	444 BRICKELL AVE., #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP PRES-D	<input type="checkbox"/> DELETE
NAME	LEVIN, ROCHELLE S	
STREET ADDRESS	444 BRICKELL AVE., #300 22800 S.W. 157 AVE	
CITY-ST-ZIP	MIAMI FL 33131 33170	
TITLE	VP-SEC-D	<input type="checkbox"/> DELETE
NAME	LURIE, DORIE	
STREET ADDRESS	444 BRICKELL AVE., #300 9349 ABBOTT AVE	
CITY-ST-ZIP	MIAMI FL 33131 SURFSIDE, FL 33154	
TITLE	VP-D	<input type="checkbox"/> DELETE
NAME	DOROTHY SIBLEY -	
STREET ADDRESS	23125 SW 81ST AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	TREAS-D	<input type="checkbox"/> DELETE
NAME	DIGNA THOMAS -	
STREET ADDRESS	1110 N.W. 41ST ST	
CITY-ST-ZIP	MIAMI, FL 33127	
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.

SIGNATURE: *Rochelle S Levin* ROCHELLE S LEVIN 11/10/98 305-278-0960

CR2E037 (10/97)