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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 713840 (7)

1. Corporation Name
THE FOREVER APRIL ASSOCIATION INC.



Principal Place of Business Mailing Address
1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009
1333 E. HALLANDALE BCH. BLVD. HALLANDALE FL 33009-4625

3. Date Incorporated or Qualified **12/21/1967** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1499174		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent
MEISINGER, HELEN L.
1333 E. HALLANDALE BCH, BLVD
HALLANDALE FL 33009

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KENYON, ALICE N.	
STREET ADDRESS	1333 E HALLANDALE BCH	
CITY - ST - ZIP	HALLANDALE, FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEISINGER, HELEN L.	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASCIONE, JACQUELINE	
STREET ADDRESS	1333 E HALLANDALE BCH BLVD.	
CITY - ST - ZIP	HALLANDALE FL	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLAIRE TITUS	
1.3 STREET ADDRESS	1333 E. HALLANDALE BCH BLV.	
1.4 CITY - ST - ZIP	HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Addition
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANTHONY RODRIGUEZ	
2.3 STREET ADDRESS	1333 E. Hallandale Bch Blv	
2.4 CITY - ST - ZIP	Hallandale, Fl. 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANET KOWNACHI	
4.3 STREET ADDRESS	1333 E. HALLANDALE BCH BLV	
4.4 CITY - ST - ZIP	HALLANDALE, FL. 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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: *Helena Meisinger* **HELEN L. MEISINGER, AGENT 3/7/97** **954 458-5834**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022681

CR2E037 (9/96)