

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720773 (1)

1. Corporation Name
ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.



Principal Place of Business 8200 SW 17TH ST NORTH LAUDERDALE FL 33068 <i>18001 N.W. 22 AVE MIAMI, FL 33056</i>	Mailing Address 8200 SW 17TH ST NORTH LAUDERDALE FL 33068 <i>18001 N.W. 22 AVE MIAMI, FL 33056</i>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/22/1971	3a. Date of Last Report 02/02/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2393307	Applied For Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

O'SUCH, ALAN
 8200 SW 17TH ST
 NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1971	3a. Date of Last Report 02/02/1996
4. FEI Number 59-2393307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

B1 Name Joyce Schechter IRVING LISS
B2 Street Address (P.O. Box Number Is Not Acceptable) 11925 Sunset Drive 18001 N.W. 22 AVE
B3
B4 City Miami FL FL
B5 Zip Code 33056

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 8/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CHERMAK, DR. JEROME	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3301 COLLEGE AVE.	CITY-ST-ZIP FT. LAUDERDALE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VP	NAME SCHECTER, JOYCE A.	2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 11925 SUNSET DR.	CITY-ST-ZIP MIAMI FL	2.2 NAME Schechter Joyce A.	
		2.3 STREET ADDRESS 11925 SUNSET Drive	
		2.4 CITY-ST-ZIP Miami, FL 33183	
TITLE SD	NAME MCGHEE, JAMES	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8050 SW 57TH AVENUE	CITY-ST-ZIP MIAMI FL	3.2 NAME VP	
		3.3 STREET ADDRESS Freedman, Lawrence G	
		3.4 CITY-ST-ZIP 6511 W. Sunrise Blvd.	
TITLE TD	NAME LISS, IRVING	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 18001 NW 22 AVENUE	CITY-ST-ZIP OPA LOCKE FL	4.2 NAME Sec.	
		4.3 STREET ADDRESS Colce, Dr. James R	
		4.4 CITY-ST-ZIP 1750 E. Oakland Park Blvd.	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME Diaz, Maribel Z.	
CITY-ST-ZIP		6.3 STREET ADDRESS 12975 SW 6th Street	
		6.4 CITY-ST-ZIP Miami, FL 33184	

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.

CR2E037 (4/97)