


**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
Aug 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Khan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726409 (6)
 1. Corporation Name
FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

Principal Place of Business POST OFFICE BOX 2730 PINELLAS PARK FL 34664-2730	Mailing Address POST OFFICE BOX 2730 PINELLAS PARK FL 34664-2730
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2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 33780-2730	29 33780-2730
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified 05/16/1973	3a Date of Last Report 03/25/1996
4 FEI Number 52-1232313	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 checked="" type="checkbox"/> No n/a	

9. Name and Address of Current Registered Agent

**DENYKE, ROBERT V
1582 KEENE ROAD SOUTH
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 33756-2447

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

12. OFFICERS AND DIRECTORS

P <input checked="" type="checkbox"/> DELETE	NOSCH, DIANNE 8561 NW 8TH COURT MARGATE FL 33063
D <input checked="" type="checkbox"/> DELETE	NAGY, GAIL 8004 CARDINAL DRIVE TAMPA FL 33617
VP <input type="checkbox"/> DELETE	GOODMAN, CAROL 17335 GUNLOCK ROAD LUTZ FL 33549
SD <input checked="" type="checkbox"/> DELETE	GREEN, PAM K 334 EAST CITRUS STREET ALTAMONTE SPRINGS FL 32701
T <input type="checkbox"/> DELETE	DENYKE, ROBERT V 1582 KEENE ROAD SOUTH CLEARWATER FL 34616
D <input type="checkbox"/> DELETE	GOFF, REGGIE 4710 E. POINSETTIA AVENUE TAMPA FL 33617

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charlene Santiago
1.3 STREET ADDRESS	1920 S. Palmetto Ave., #203
1.4 CITY-ST-ZIP	South Daytona, FL 32119
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David Killam
2.3 STREET ADDRESS	15142 SW 171st Street
2.4 CITY-ST-ZIP	Miami, FL 33187
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	Traci Ruiz
4.3 STREET ADDRESS	1403 Wickford Place
4.4 CITY-ST-ZIP	Brandon, FL 33511
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: _____ **8-11-97** **813-442-0630**

CFR2E037 (4/97)