

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # 728832 (7)

1. Corporation Name
FRIENDS OF WLRN, INC.



Principal Place of Business Mailing Address
% PAUL D. BARNES JR., ESQ.
1570 MADRUGA AVE., STE. 216
CORAL GABLES FL 33146

3. Date Incorporated or Qualified **02/15/1974** 3a. Date of Last Report **06/16/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7365001	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNES, PAUL D., JR., ESQ. 1570 MADRUGA AVE., STE. 216 CORAL GABLES FL 33146	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, PAUL D., JR.	1.2 NAME	BARNES, PAUL D. JR
STREET ADDRESS	7720 S.W. 53RD AVE.	1.3 STREET ADDRESS	7720 S W 53rd Ave
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL 33143
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, ALAN	2.2 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33132	2.4 CITY - ST - ZIP	
TITLE	PVC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, PETER	3.2 NAME	
STREET ADDRESS	10940 SW 104TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, MARY LOU	4.2 NAME	
STREET ADDRESS	4955 LAKEVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL Beach 71a	4.4 CITY - ST - ZIP	Miami Beach FLA
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	11236 S.W. 104th St
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **7/30/96** DAYTIME PHONE #: **305-666-4177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)