

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744061 (3)

1. Corporation Name

THE CHILDREN'S GENETIC DISEASE FOUNDATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% MICHAEL GOLDBERG, P.A.
16855 N.E. 2ND AVE.
NORTH MIAMI BEACH FL 33162

% MICHAEL GOLDBERG, P.A.
16855 N.E. 2ND AVE.
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified 08/25/1978	3a. Date of Last Report 03/09/1995
4. FEI Number 59-1908974	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**GOLDBERG, MICHAEL, CPA
1685 N.E. 2ND AVE.
SUITE 303
N. MIAMI BCH FL 33162**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KLUCK, CHARLES M. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUCK, CHARLES M.	1.2 NAME	
STREET ADDRESS	530 GRAND CONCOURSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	
TITLE	SD GREEN, AL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, AL	2.2 NAME	
STREET ADDRESS	330 N.W. 125TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD GOLDBERG, MICHAEL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, MICHAEL	3.2 NAME	
STREET ADDRESS	16855 N.W. 2ND AVE. STE. 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SDD LEWIN, SHAROL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIN, SHAROL	4.2 NAME	
STREET ADDRESS	6700 NW 186 ST., #121	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Goldberg Michael Goldberg

Date _____

Daytime Phone # _____

CR2E037 (12/95)