


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 08 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744061 (3)**  
1. Corporation Name

**THE CHILDREN'S GENETIC DISEASE FOUNDATION OF FLO  
RIDA, INC.**



Principal Place of Business <b>% MICHAEL GOLDBERG P.A. 16855 N.E. 2ND AVE. NORTH MIAMI BEACH FL 33162</b>	Mailing Address <b>% MICHAEL GOLDBERG, P.A. 16855 N.E. 2ND AVE. NORTH MIAMI BEACH FL 33162</b>
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3. Date Incorporated or Qualified  
**08/25/1978**

4. FEI Number  
**59-1908974**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business	22. Mailing Address
21 Suite, Apt. #, etc.	22 Suite, Apt. #, etc.
23 City & State	23 City & State
24 Zip	24 Country
25	25

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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	<b>FL</b>
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLUCK, CHARLES M.</b>	
STREET ADDRESS	<b>530 GRAND CONCOURSE</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, AL</b>	
STREET ADDRESS	<b>330 N.W. 125TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDBERG, MICHAEL</b>	
STREET ADDRESS	<b>16855 N.W. 2ND AVE. STE. 303</b>	
CITY-ST-ZIP	<b>N.MIAMI BCH. FL</b>	
TITLE	<b>SDD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIN, SHAROL</b>	
STREET ADDRESS	<b>6700 NW 186 ST., #121</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Michael Goldberg* Date: **4/28/98** 305-651-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0031898

CR2E037 (10/97)