

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

W. F. FIVE

APPROVED
 AND
 FILED

96 SEP 19 PM 2:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 759824 (6)

1. Corporation Name

BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1630 NORTH FEDERAL HWY
 FORT LAUDERDALE FL 33305

1630 NORTH FEDERAL HWY
 FORT LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 08/28/1981
 3a. Date of Last Report: 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2119401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGENSTERN, MEL ESQ.
 SEMET, LICKSTEIN, MORGENSTERN, ET AL
 201 ALHAMBRA CIRCLE, SUITE 1200
 CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

900001963129

10/02/96 01070-000

****61.FL****61.95

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	RUSSIN, PETER	
STREET ADDRESS	200 S BISCAYNE BLVD STE 2420	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, ROBERT L.	
STREET ADDRESS	2101 MUSEUM TOWER - 150 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOLLIN, LYNN MAYNARD E	
STREET ADDRESS	201 S BISCAYNE BLVD STE 2800	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, JAMES P	
STREET ADDRESS	100 S BISCAYNE BLVD SUITE 800	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAY, ALLISON R	
STREET ADDRESS	200 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TABAS, JOEL L.	
STREET ADDRESS	25 SE 2ND AVE., STE. 919	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marcia Dunn	
1.3 STREET ADDRESS	3785 N.W. 82nd Avenue, Ste. 215	
1.4 CITY-ST-ZIP	Miami, Florida 33166	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Eaton	
2.3 STREET ADDRESS	200 South Biscayne Blvd., Ste. 2850	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joel L. Tabas	
3.3 STREET ADDRESS	25 S.E. 2nd Ave., Ste. 919	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. Jean Ryan	
4.3 STREET ADDRESS	444 Brickell Avenue, Ste. 700	
4.4 CITY-ST-ZIP	Miami, Florida 33131	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patricia Redmond	
5.3 STREET ADDRESS	150 West Flagler Street, Ste. 2200	
5.4 CITY-ST-ZIP	Miami, Florida 33130	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Laurel Isicoff	
6.3 STREET ADDRESS	200 South Biscayne Boulevard, Ste. 2850	
6.4 CITY-ST-ZIP	Miami, Florida 33131	

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: *Laurel Isicoff*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____

CR2E037 (3/96)