

FILE NOW: FILING FEE IS \$61.25

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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759824 (6)
1. Corporation Name
BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.



Principal Place of Business		Mailing Address	
200 S. BISCAYNE BLVD 2420 MIAMI FL 33131 US		200 S BISCAYNE BLVD. 2420 MIAMI FL 33131 US	
21	22	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	27	28
Zip	Country	Zip	Country
29	30	31	32
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

3. Date Incorporated or Qualified	08/28/1981
4. FEI Number	59-2119401
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	VP	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, MARCIA	
STREET ADDRESS	3785 NW 82ND AVENUE, STE 215	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EATON, JOHN	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, STE 2850	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TABAS, JOEL L	
STREET ADDRESS	25 SE 2ND AVE, STE 919	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, D. JEAN	
STREET ADDRESS	444 BRICKELL AVENUE, STE 700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REDMOND, PATRICIA	
STREET ADDRESS	150 WEST FLAGLER STREET, STE 2200	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ISICOFF, LAUREL	
STREET ADDRESS	200 SOUTH BISCAYNE BOULEVARD, STE 2850	
CITY-ST-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUSSIN, PETER	
1.3 STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 2420	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MESSANA, THOMAS	
2.3 STREET ADDRESS	9130 S. BISCAYNE BLVD. SUITE 1225	
2.4 CITY-ST-ZIP	MIAMI, FL 33156	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHILLER, LISA	
3.3 STREET ADDRESS	848 BRICKELL AVE. SUITE 1100	
3.4 CITY-ST-ZIP	MIAMI FL 33131	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GELMAN, LYNN	
4.3 STREET ADDRESS	1450 MADRUGA AVE. SUITE 302	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAY, ALLISON	
5.3 STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 1050	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SNYDER, DOUGLAS	
6.3 STREET ADDRESS	1320 S. DIXIE HIGHWAY SUITE 1100	
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	

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: _____ DATE: 2/9/98 FILING NUMBER: 379-3121

CPE0037 (10/97)



THE BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA

OFFICERS

PETER D. RUSSIN, *President*
MARCIA T. DUNN, *President Elect*
LAUREL M. ISICOFF, *First Vice President*
THOMAS M. MESSANA, *Second Vice President*
LISA M. SCHILLER, *Secretary*
LYNN H. GELMAN, *Treasurer*

DIRECTORS

ALLISON R. DAY, 1995-98
DOUGLAS J. SNYDER, 1995-98
PATRICIA A. REDMOND, 1996-99
D. JEAN RYAN, 1996-99
JOHN D. EATON, 1996-99
PAUL S. SINGERMAN, 1997-00
FRANK P. TERZO, 1997-00
JOHN H. GENOVESE, 1997-00

IMMEDIATE PAST PRESIDENT:
JOEL L. TABAS

ADDITIONAL DIRECTORS

7.1	Title	D
7.2	Name	Singerman, Paul
7.3	Street Address	200 South Biscayne Boulevard Suite 3410
7.4	City-St-Zip	Miami, Florida 33131
8.1	Title	D
8.2	Name	Terzo, Frank
8.3	Street Address	201 South Biscayne Boulevard Suite 1970
8.4	City-St-Zip	Miami, Florida 33131
9.1	Title	D
9.2	Name	Genovese, John
9.3	Street Address	201 South Biscayne Boulevard Suite 2400
9.4	City-St-Zip	Miami, Florida 33131