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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759824

1. Corporation Name
BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.

Principal Place of Business 200 S. BISCAYNE BLVD. 2420 MIAMI FL 33131 US	Mailing Address 200 S. BISCAYNE BLVD. 2420 MIAMI FL 33131 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUSSIN, PETER	
STREET ADDRESS	200 S BISCAYNE BLVD #2420	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EATON, JOHN	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, STE 2850	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHILLER, LISA	
STREET ADDRESS	848 BRICKELL AVE #1100	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	Allison R. Day
1.4 CITY-ST-ZIP	201 S. Biscayne Blvd., Miami 33131
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schiller, Lisa
3.3 STREET ADDRESS	848 Brickell Ave., #1100
3.4 CITY-ST-ZIP	Miami, FL 33131
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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 3/9/99 (305) 372-2453

CRZE037 (1/98)