


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818259 (4)

1. Corporation Name
MARIST BROTHERS OF THE SCHOOLS, INC.



Principal Place of Business 1241 KENNEDY BLVD. BAYONNE NJ 07002-9296	Mailing Address 1241 KENNEDY BLVD. BAYONNE NJ 07002-2286
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3. Date Incorporated or Qualified 10/21/1964	3a. Date of Last Report 02/19/1996
4. FEI Number 11-6015340	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RUTH, BERNARD
3000 SOUTHWEST 87TH AVENUE
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **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: Bernard Ruth **1/31/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	KLEIN, JOHN
STREET ADDRESS	28 IRVINE TURNER BLVD.
CITY-ST-ZIP	NEWARK NJ
TITLE	V <input type="checkbox"/> DELETE
NAME	SHEA, LEO
STREET ADDRESS	153 AVE C
CITY-ST-ZIP	BAYONNE NJ
TITLE	ST <input type="checkbox"/> DELETE
NAME	SAMMON, HENRY
STREET ADDRESS	1253 SHAKESPEARE AVENUE
CITY-ST-ZIP	BRONX NY
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHLITTE, STEPHEN
STREET ADDRESS	28 IRVINE TURNER BLVD
CITY-ST-ZIP	NEWARK NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	MCDONNELL, JOHN
STREET ADDRESS	614 SUMMER AVE
CITY-ST-ZIP	NEWARK NJ
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, ROBERT
STREET ADDRESS	614 SUMMER AVE
CITY-ST-ZIP	NEWARK NJ

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 do 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: Hank Sammon **1/31/97** **201-823-445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078008

CR2E037 (9/96)