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Apr 29 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 # 819203 (1)

1. Corporation Name **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.**

Principal Place of Business 1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984	Mailing Address 1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984
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3. Date Incorporated or Qualified 12/06/1965	
4. FEI Number 35-1044585	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAKER, ANTHONY	1.2 NAME	Rose Marie Thomas
STREET ADDRESS	1100 LAKE STREET	1.3 STREET ADDRESS	1187 Hillcrest Road
CITY-ST-ZIP	OAK PARK IL	1.4 CITY-ST-ZIP	Beverly Hills, CA 90210
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	1st Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHADYAC, RICHARD C.	2.2 NAME	Paul K. Hajar
STREET ADDRESS	5661 COLUMBIA PIKE, SUITE 101	2.3 STREET ADDRESS	28 Lancelot Court
CITY-ST-ZIP	FALLS CHURCH VA	2.4 CITY-ST-ZIP	Norwood, MA 02062
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, TOM	3.2 NAME	
STREET ADDRESS	28 BROADWAY, 11TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	2nd Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABERCIA, RALPH	4.2 NAME	Joseph G. Shaker
STREET ADDRESS	12438 MEMORIAL DRIVE	4.3 STREET ADDRESS	1100 Lake Street
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	Oak Park, IL 60301
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SIMON, PAUL	5.2 NAME	
STREET ADDRESS	20580 HOOVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. **American Lebanese Syrian Associated Charities, Inc.**

SIGNATURE: *Richard C. Shadyac* **QUINLED** Richard C. Shadyac 4/6/98 901/522-9733

CR2E037 (10/97)