

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39386 (0)
1. Corporation Name
THE HUMANITIES CENTER, INC.



Principal Place of Business Mailing Address
% AUDREY FLAX
491 IVES DAIRY RD 402 E
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified **06/04/1981** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2111826** Applied For Not Applicable

21 **5308 SW 34th Ave** 26 **5308 SW 34th Ave** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 Suite, Apt #, etc. 27 Suite, Apt #, etc. 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **Ft Lauderdale FL** 28 **Ft. Lauderdale FL** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 **33312** 25 **USA** 29 **33312** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FLAX, AUDREY
491 IVES DAIRY RD 402 E
NORTH MIAMI BEACH FL 33179
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5308 SW 34th Ave
83 **Ft Lauderdale**
84 City **FL** 85 Zip Code **33312**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P FLAX, AUDREY	1.2 NAME	
STREET ADDRESS	491 IVES DAIRY RD 402 E	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gudrey Flax (Cutter)** **AUDREY FLAX** 1-29-97 954-981-4176
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)