

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # **N00214 (9)**

1. Corporation Name
THE SOCIETY OF AUSTRALASIAN SPECIALISTS/OCEANIA INC.

Principal Place of Business Mailing Address
% DR. FRANK J. NOVAK
4251 MORELIA PLACE
PENSACOLA, FL 32504-7753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1983** 3a. Date of Last Report **02/21/1994**
4. FEI Number **59-2346256** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOVAK, DR. FRANK J.
4251 MORELIA PLACE
PENSACOLA FL 32504-7753

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**
NAME **BELKNAP, THOMAS L. PAUL TYLER**
STREET ADDRESS **2924 SONORA DR. 1023 ROCKY POINT CT NE**
CITY-ST-ZIP **SANTA BARBARA CA ALBUQUERQUE NM 87123**

TITLE **D**
NAME **NOVAK, FRANK J. (DR.)**
STREET ADDRESS **4251 MORELIA PLACE**
CITY-ST-ZIP **PENSACOLA FL 32504-7753**

TITLE **D**
NAME **STIEG, CARL L**
STREET ADDRESS **260 MERRYDALE RD. APT.15**
CITY-ST-ZIP **SAN RAFAEL CA 94903**

TITLE **D**
NAME **LYONS, MARY G**
STREET ADDRESS **1732 W. MOCKINGBIRD LN.**
CITY-ST-ZIP **ANDERSON IN 46013**

TITLE **ST**
NAME **LEVEN, STUART H.**
STREET ADDRESS **4031 SAMSON WAY**
CITY-ST-ZIP **SAN JOSE CA 95124**

TITLE **VP**
NAME **BROMBERG, JOEL L**
STREET ADDRESS **3816 CYPRESS AVE**
CITY-ST-ZIP **BROOKLYN NY 11224**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, that I am authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as indicated, or as an attachment with an addition.

SIGNATURE: *Stuart Leven*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR
STUART LEVEN

18 Feb 95 408 299 360Y
Date (typed three)