

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 32504-7753  
US**

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

3. Date Incorporated or Qualified  
**12/07/1983**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **P**  
NAME **TYLER, PAUL**  
STREET ADDRESS **1023 ROCKY POINT CT NE**  
CITY - ST - ZIP **ALBOUERQUE NM**

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

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

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

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

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

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Vice President  
**George Brann**  
**4101 NORMAN MAYER AVE**  
**NEW ORLEANS, LA 70122**

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 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, changed, or of an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**30 Dec Jan 96 (408) 270-0193**

CFR2E037 (12/95)