

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00214 (9)**  
1. Corporation Name  
**THE SOCIETY OF AUSTRALASIAN SPECIALISTS/OCEANIA INC.**



Principal Place of Business <b>% DR. FRANK J. NOVAK 4251 MORELIA PLACE PENSACOLA, FL 32504-7753 32504-7753 US</b>	Mailing Address <b>% DR. FRANK J. NOVAK 4251 MORELIA PLACE PENSACOLA, FL 32504-7753 32504-7753 US</b>
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3. Date Incorporated or Qualified <b>12/07/1983</b>	3a. Date of Last Report <b>02/09/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2346256</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TYLER, PAUL</b>
STREET ADDRESS	<b>1023 ROCKY POINT CT NE</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NOVAK, FRANK J. (DR.)</b>
STREET ADDRESS	<b>4251 MORELIA PLACE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STIEG, CARL L</b>
STREET ADDRESS	<b>260 MERRYDALE RD. APT.15</b>
CITY-ST-ZIP	<b>SAN RAFAEL CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LYONS, MARY G</b>
STREET ADDRESS	<b>1732 W. MOCKINGBIRD LN.</b>
CITY-ST-ZIP	<b>ANDERSON IN</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>LEVEN, STUART H.</b>
STREET ADDRESS	<b>4031 SAMSON WAY</b>
CITY-ST-ZIP	<b>SAN JOSE CA</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BRANAM, GEORGE</b>
STREET ADDRESS	<b>4101 NORMAN MAYER AVENUE</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87123</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504-7753</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>SAN RAFAEL, CA 94903</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>ANDERSON, IN 46013</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>SAN JOSE, CA 95124</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>NEW ORLEANS LA 70182</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Pamela N. Turner** **REQUIRED** 2-1-97 505-292-2539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072678

CR2E037 (9/96)