

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04403 (4)
1. Corporation Name
THE FRIENDS OF THE HEPBURN CENTER INCORPORATED



Principal Place of Business Mailing Address
%ARNOLD N. LANNER
1980 S OCEAN DRIVE. APT 14-J
HALLANDALE FL 33009

3. Date Incorporated or Qualified **07/27/1984** 3a. Date of Last Report **02/28/1995**
4. FEI Number **59-2710007** 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

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 Country 29 Zip Country 30
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANNER, ARNOLD N.
1980 S OCEAN DRIVE
APT 14-J
HALLANDALE FL 33009

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LANNER, ARNOLD	
STREET ADDRESS	1980 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSNER, AL	
STREET ADDRESS	1980 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	WATERMAN, HELEN	
STREET ADDRESS	1445 ATLANTIC SHRS BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELTZER, SYLVIA	
STREET ADDRESS	1000 NE 14TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUPFER, JACK	
STREET ADDRESS	800 PARKVIEW DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANNER, JOANNE	
STREET ADDRESS	1980 S. OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TC SYLVIA BELTZER
3.3 STREET ADDRESS	1000 N.E. 14th AVENUE
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D LOUIS HAVIER
4.3 STREET ADDRESS	610 N.E. 12th AVENUE
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Arnold N. Lanner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD N. LANNER

1/30/96
Date

954-4511-9538
Daytime Phone #

CR2E037 (12/95)