

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

APPROVED AND FILED

96 JAN 24 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N12127 (9)

1. Corporation Name

MAKE-A-WISH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O NANCY STROM
3201 GRIFFIN RD #106
FT LAUDERDALE FL 33312
US

3201 GRIFFIN RD. #106
FT. LAUDERDALE FL 33312
US

3. Date Incorporated or Qualified

11/18/1985

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **2901 Stirling Rd.**

26 **2901 Stirling Rd.**

22 Suite, Apt. #, etc. **# 210**

27 Suite, Apt. #, etc. **# 210**

23 City & State **FT. Lauderdale FL**

28 City & State **FT. Lauderdale**

24 Zip **33312**

25 Country **USA**

29 Zip **FL 33312**

30 Country **USA**

4. FEI Number

59-2620322

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

STROM, NANCY
9860 SW 3 CT
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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

Nancy Strom

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

Nancy Strom

(NOTE: Registered Agent Signature required when reinstating)

11/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, PATRICK G	
STREET ADDRESS	1446 LENOX AVE., #1	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARNEY, ANN	
STREET ADDRESS	1435 SEABAY RD	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAZZARO, MARK	
STREET ADDRESS	1175 FAIRFAX LN	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Idalberto de Armas
2.3 STREET ADDRESS	440 SW 29 Road
2.4 CITY - ST - ZIP	Miami FL 33129
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900001728769
5.3 STREET ADDRESS	-03/01/96--01014--029
5.4 CITY - ST - ZIP	***70.00
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:

Nancy Strom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96

DATE

967-9474

DAYTIME PHONE #

CR2E037 (12/95)