

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Jul 16 1996 8:00 am
 Secretary of State

DOCUMENT # **N19208** (0)
 1. Corporation Name
TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business		Mailing Address	
%A. JEFFREY BARASH 1140 KANE CONCOURSE BAY HARBOR FL 33154		%A. JEFFREY BARASH 1140 KANE CONCOURSE BAY HARBOR FL 33154	
2. Principal Place of Business		3a. Date of Last Report	
21 1150 N.W. 14th St. Suite, Apt. #, etc. 22 Suite 209B City & State 23 Miami, FL Zip 24 33136		3. Date Incorporated or Qualified 02/12/1987	
2a. Mailing Address		3b. Date of Last Report	
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3a. Date of Last Report 02/06/1995	
2. Principal Place of Business		4. FEI Number	
21 1150 N.W. 14th St. Suite, Apt. #, etc. 22 Suite 209B City & State 23 Miami, FL Zip 24 33136		59-2767754	
2a. Mailing Address		Applied For	
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		Not Applicable	
2. Principal Place of Business		5. Certificate of Status Desired	
21 1150 N.W. 14th St. Suite, Apt. #, etc. 22 Suite 209B City & State 23 Miami, FL Zip 24 33136		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2a. Mailing Address		6. Election Campaign Financing	
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
21 1150 N.W. 14th St. Suite, Apt. #, etc. 22 Suite 209B City & State 23 Miami, FL Zip 24 33136		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARASH, A. JEFFREY BARASH & ASSOCIATES, P.A. 1140 KANE CONCOURSE BAY HARBOR FL 33154				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman /CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ZELDA	1.2 NAME	George Eager
STREET ADDRESS	625 BILTMORE WAY	1.3 STREET ADDRESS	325 Calusa
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	President /PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGER, GEORGE	2.2 NAME	Pete Franzone
STREET ADDRESS	325 CALUSA	2.3 STREET ADDRESS	10614 N.W. 12th Court
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	Vice President/vpd <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBSTSMAN, DON	3.2 NAME	Don Herbstman
STREET ADDRESS	13401 S.W. 72nd Avenue	3.3 STREET ADDRESS	13401 SW 72 Ave.
CITY-ST-ZIP	Miami, Fl. 33156	3.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	Vice President/VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZONE, PETE	4.2 NAME	A. Jeffrey Basash, Esq.
STREET ADDRESS	10614 N.W. 12th Court	4.3 STREET ADDRESS	1140 Kane Concourse
CITY-ST-ZIP	Plantation, Fl. 33322	4.4 CITY-ST-ZIP	Bay Harbour Isle, FL 33154
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	Secretary/SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, BARBARA	5.2 NAME	Barbara Kent
STREET ADDRESS	100 KINGS POINT DR #306	5.3 STREET ADDRESS	451 NE 207th Lane, Apt. 102
CITY-ST-ZIP	NORTH MIAMI BEACH FL	5.4 CITY-ST-ZIP	N. Miami Beach, FL 33179
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	Treasurer/TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILBRONNER, EDWARD	6.2 NAME	Edward Heilbronner
STREET ADDRESS	1000 VENETIAN WAY, APT. 1203	6.3 STREET ADDRESS	2507 Eagle Watch Lane
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33327

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: Edward Heilbronner DATE: 6/12/96 (95A) 9253-5504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EDWARD HEILBRONNER
 Bank de pos... 6/12/96

CR2E037 (3/96)