

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19208 (0)
 1. Corporation Name
TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business 1150 NW 14TH ST. STE. 209B MIAMI FL 33136	Mailing Address % JEFFREY BARASH 1140 KANE CONCOURSE BAY HARBOR FL 33154
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3. Date Incorporated or Qualified
02/12/1987

4. FEI Number 59-2767754	Applied For <input type="checkbox"/> Not Applicable
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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
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

BARASH, A. JEFFREY
BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR FL 33154

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, ZELDA	
STREET ADDRESS	625 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EAGER, GEORGE	
STREET ADDRESS	325 CALUSA	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARASH, A. JEFFREY	
STREET ADDRESS	1140 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRANZONE, PETE	
STREET ADDRESS	10614 NW 12TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KENT, BARBARA	
STREET ADDRESS	451 NE 207TH LANE APT 102	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCGUIRK, JOHN	
STREET ADDRESS	1550 MICHIGAN AE.	
CITY-ST-ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANZONE, PETE	
1.3 STREET ADDRESS	10614 NW 12TH CT	
1.4 CITY-ST-ZIP	PLANTATION, FL 33322	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KESSLER, ANDREA	
2.3 STREET ADDRESS	412 POINCIANA DR	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOWENSTEIN, ELLIOT	
4.3 STREET ADDRESS	2100 SALZEDO ST., STE. 303	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HEILBRONNER, EDWARD	
5.3 STREET ADDRESS	2507 EAGLE WATCH LANE	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33327	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHATZMAN, LARRY	
6.3 STREET ADDRESS	10700 SW 131ST TERR	
6.4 CITY-ST-ZIP	MIAMI, FL 33176	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John McGuirk **REQUIRED** 1/9/98 305-444-9877

CR2E037 (10/97)