

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

DOCUMENT # **N28437**
1. Corporation Name

Auxiliary Inc.

Principal Place of Business Mailing Address
**P.O. Box 14632
North Palm Beach, FL 33408**

3. Date incorporated or Qualified **10- -88** 3a. Date of Last Report **4-30-95**
4. FEI Number **65-0072072** 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**Conrad J. DeSantis
1125 Country Club Drive
North Palm Beach, FL 33408**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	
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 checked="" type="checkbox"/> President <input type="checkbox"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nora Ugalde
1.3 STREET ADDRESS	18700 Breezewood Ct.
1.4 CITY - ST - ZIP	Jupiter FL 33458
2.1 TITLE	<input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Diane Rapp
2.3 STREET ADDRESS	6 Shannon Circle
2.4 CITY - ST - ZIP	West Palm Beach, FL 33406
3.1 TITLE	<input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jodi DiCocco
3.3 STREET ADDRESS	135 Cape Pointe Circle
3.4 CITY - ST - ZIP	Jupiter, FL 33477
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	200001863242
5.3 STREET ADDRESS	-06/17/96--01022--009
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	
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: Jodi DiCocco Jodi DiCocco 407-747-6753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

06-15-96 OR