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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N31622 (6)

1. Corporation Name

AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O MORTON J. MORRIS
2500 HOLLYWOOD BLVD., SUITE 212
HOLLYWOOD FL 33020

C/O MORTON J. MORRIS
2500 HOLLYWOOD BLVD., SUITE 212
HOLLYWOOD FL 33020-6615

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
01/19/1996

2. Principal Place of Business

Drive

2a. Mailing Address

21 3200 S University

26 P.O. Box 291690

4. FEI Number
52-1674887

Applied For
Not Applicable

22 Suite, Apt. #, etc.

22 Room 1518, 5th Floor

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

23 Davie, FL 33328

28 City & State

28 Davie, FL 33329-1690

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

24 33328

25 Country

25 Broward

29 Zip

29 33328

30 Country

30 Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, MORTON J.
2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020

address change only

81 Name

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

3200 S University Drive

83

Room 1518, 5th Floor

84 City

Davie

FL

85 Zip Code

33328

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME MOGIL, CARL *2201 Chapel ave W*
STREET ADDRESS *P.O. BOX 4350 N/A*
CITY - ST - ZIP CHERRY HILL NJ *08002*

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD DELETE
NAME MORRISON, DANIEL
STREET ADDRESS 6255 N. INKSTER RD.
CITY - ST - ZIP GARDEN CITY MI *48135*

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE STD DELETE
NAME MORRIS, MORTON J.
STREET ADDRESS *2500 HOLLYWOOD BLVD. #212 - 3200 S University Drive*
CITY - ST - ZIP HOLLYWOOD FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME *Davie FL 33328*
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021344

[Signature]

3-18-97

954-262-1700

CR2E037 (9/96)