

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90198 042 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36411 1. Corporation Name PAPANICOLAOU WOMAN'S CORPS FOR CANCER RESEARCH, INC.			
Principal Place of Business 3800 OCEAN DRIVE SUITE #242 HOLLYWOOD FL 33019 US		Mailing Address 3800 OCEAN DRIVE HOLLYWOOD FL 33019 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/01/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0171014
24 Country	29 Country	5. Certificate of Status Desired
25	30	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent DERNIS, MARTIN M. 2701 SW LEJEUNE ROAD SUITE 401 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street 83 84 City FL 85 Zip Code	
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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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, ANNETTE	1.2 NAME	ANITA KAPLAN CUTLER
STREET ADDRESS	7830 NW 3RD PT., BLDG. 6, APT 105	1.3 STREET ADDRESS	2500 PARKVIEW DR
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	HALLANDALE FL 33009-2012
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	WACHTEL, SHIRLEY	2.2 NAME	
STREET ADDRESS	2500 PARKVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009-2012	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMAN, MIRIAM	3.2 NAME	ELEANOR KALVIN
STREET ADDRESS	2751 S OCEAN DR	3.3 STREET ADDRESS	10423 S CIRCLE LAKE DR #201
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SHIRLEY WACHTEL SIGNATURE REQUIRED 2/23/99 954 454-8375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)