


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38791 (2)**  
1. Corporation Name  
**THE CORAL SPRINGS ADVOCACY COMMITTEE FOR THE HAN DICAPPED, INC.**

Principal Place of Business 1891 N.W. 114TH AVE. CORAL SPRINGS FL 33071	Mailing Address 1891 N.W. 114TH AVE. CORAL SPRINGS FL 33071
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3. Date Incorporated or Qualified  
**06/26/1990**

4. FEI Number <b>65-0224680</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>4691 N. University Drive</b> Suite, Apt. #, etc. 22 <b>376</b>	2a. Mailing Address 26 <b>4691 N. University Drive</b> Suite, Apt. #, etc. 27 <b>376</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

23 <b>Coral Springs, FL</b> City & State	28 <b>Coral Springs FL</b> City & State
24 <b>33067</b> Zip	29 <b>33067</b> Zip
25 <b>USA</b> Country	30 <b>USA</b> Country

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

**BARON, KEITH D**  
**8333 W. MCNAB ROAD**  
**TAMARAC FL 33321**

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	<b>FL</b>

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD COHEN, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1891 N.W. 114TH AVE.	1.2 NAME	
CITY-ST-ZIP	CORAL SPRINGS FL	1.3 STREET ADDRESS	
TITLE	DV SHAW, JULIE	1.4 CITY-ST-ZIP	
STREET ADDRESS	6200 N ANDREWS AVE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	FT LAUDERDALE FL	2.2 NAME	
TITLE	DST MARINO, VINCENT	2.3 STREET ADDRESS	
STREET ADDRESS	7268 W. ATLANTIC BLVD.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MARGATE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KENNEDY, PAT	3.2 NAME	
STREET ADDRESS	9205 NW 80 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	D KNEBEL, ALAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1025 NE 68 TERRACE	4.2 NAME	
CITY-ST-ZIP	MARGATE FL	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		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.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** 1/5/98 (954) 952-6881

CR2E087 (10/97)