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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90277 031 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41887

1. Corporation Name
THE BUONICONTI FUND TO CURE PARALYSIS, INC.

Principal Place of Business 1600 NW 10 AVENUE (R-48) MIAMI FL 33136	Mailing Address 1600 NW 10 AVENUE (R-48) MIAMI FL 33136
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/31/1991	4. FEI Number 65-0244316 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent RAATTAMA, HENRY H JR % AKERMAN, SENTERFIT & EIDSON, P.A. ONE S.E. 3RD AVE., 28TH FLOOR MIAMI FL 33131	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
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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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, TIMOTHY D	1.2 NAME	
STREET ADDRESS	2104 WILKINSON PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEDIER, JOHN A	2.2 NAME	
STREET ADDRESS	711 FIFTH AVENUE, 9TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNING, DIANA C	3.2 NAME	
STREET ADDRESS	1600 NW 10 AVENUE, 4-48	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKKAN, WILLIAM	4.2 NAME	
STREET ADDRESS	1600 NW 10 AVE, R-48	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONICONTI, NICHOLAS A	5.2 NAME	
STREET ADDRESS	445 GRAND BAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33145	5.4 CITY-ST-ZIP	
TITLE	VCS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONICONTI, MARC	6.2 NAME	
STREET ADDRESS	10 EDGEWATER DR, 9-H	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133-2314	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: Diana C. Berning **DIANA C. BERNING**, Treasurer 03/05/99: (305) 243-6001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)