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May 08 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 # N45206 (2)
1. Corporation Name
SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O NORTHERN TRUST BK - ADA POGGIO
700 BRICKELL AVENUE
MIAMI FL 33131
ROBERT F. MAHONEY P.A.
757 NW 41 TERRACE
DEERFIELD BCH FL 33442-7349
US

3. Date Incorporated or Qualified 09/19/1991
3a. Date of Last Report 04/22/1996

2. Principal Place of Business *LAUREN*
21 *70 DARELAND PARK* 26
Suite, Apt #, etc. Suite, Apt. #, etc.
22 *7545 N KENDALL DR.* 27
City & State City & State
23 *MIAMI FL* 28
Zip Country Zip Country
24 *33156* 25 *USA* 29 30

4. FEI Number 65-0428320 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

9. Name and Address of Current Registered Agent
MAHONEY, ROBERT F
757 NW 41 TERRACE
DEERFIELD BEACH FL 33442

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	SD <input checked="" type="checkbox"/> DELETE
NAME	YASMIN, JESSA
STREET ADDRESS	501 E LAS OLAS BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GOLDBERG, LARRY M
STREET ADDRESS	7545 N KENDALL DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALAN LEVY
STREET ADDRESS	10 NW 42 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STRAVERS, CAROL
STREET ADDRESS	218 DATURA ST
CITY-ST-ZIP	W PALM BCH FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PIZZARELLO, ROCCO F.
STREET ADDRESS	801 E HALLANDALE BCH BL
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>5 GERALD OLIVER</i>
1.3 STREET ADDRESS	<i>1750 E SUNRISE BLVD.</i>
1.4 CITY-ST-ZIP	<i>FT LAUD., FL 33304</i>
2.1 TITLE	<i>PD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>D T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>MELANIE GARMAN</i>
5.3 STREET ADDRESS	<i>2199 PENCE LE LEON BLVD</i>
5.4 CITY-ST-ZIP	<i>W PALM BCH FL 33134</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *LARRY GOLDBERG* DATE *4/30/97* DAYTIME PHONE # *305-667-8401*

CFR2E037 (9/96)