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Mar 18 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 # N92000000573 (7)
1. Corporation Name
THE ARLENE UTZ HOLLINGER FOUNDATION, INC.



Principal Place of Business: 325 VILLA DRIVE SOUTH ATLANTIS FL .
Mailing Address: 2 S BISCAYNE BLVD SUITE 3400 MIAMI FL 33131-1897

3. Date Incorporated or Qualified: 12/02/1992
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 65-0386804
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
VALDES-FAULI CORPORATE SERVICES INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HOLLINGER, ARLENE U
STREET ADDRESS	325 VILLA DRIVE
CITY-ST-ZIP	ATLANTIS FL
TITLE	CVP <input type="checkbox"/> DELETE
NAME	RICE, ANDREA
STREET ADDRESS	7200 SW 48 CT
CITY-ST-ZIP	MIAMI FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	RICE, MICHAEL
STREET ADDRESS	CARLYLE STR & CLEARVIEW RD
CITY-ST-ZIP	HANOVER PA
TITLE	CVP <input type="checkbox"/> DELETE
NAME	SULLIVAN, SUZANNE
STREET ADDRESS	131 TARAPIN TRAIL
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KING, ESTELLE
STREET ADDRESS	2596 HANOVER PIKE
CITY-ST-ZIP	HANOVER PA 17331
TITLE	D <input type="checkbox"/> DELETE
NAME	LAABS, GARY L
STREET ADDRESS	228 N STEPHEN PLACE
CITY-ST-ZIP	HANOVER PA 17331

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: _____ 2/5/97 (305) 225-5000

CR2E037 (9/96)