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Mar 13 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 # N94000005865 (0)

1. Corporation Name
INTERNATIONAL SOCIETY OF DERMATOPATHOLOGY, INC.



Principal Place of Business
1398 SEMORAN BLVD. STE. 102
CASSELBERRY FL 32707

Mailing Address
1398 SEMORAN BLVD. STE. 102
CASSELBERRY FL 32707-6557

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report: 03/14/1996
4. FEI Number: 59-3319363
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

ELLZEY, KARL
1398 SEMORAN BLVD. STE. 102
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

(to be signed by the corporation or its authorized officer or director)

(to be signed by the Registered Agent; signature required when registering)

DATE

Table with 2 columns: Officers and Directors. Includes entries for SU, W P D, SANCHEZ, JORGE L, SOYER, H P, WOLFF, HELMUTT H, CERIO, RINO, and ELLZEY, KARL M.

Table with 2 columns: Additions/Changes to Officers and Directors. Includes fields for title, name, street address, city, state, and 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 is based on the 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, 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 it appears, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97 407-678-4637 Date Daytime Phone # 0012839

CR2E037 (9/96)