

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004170 (5)
 1. Corporation Name
EVERGLADES HERPETOLOGICAL EDUCATIONAL SOCIETY, I NC.



Principal Place of Business POST OFFICE BOX 431242 MIAMI FL 33243-1242	Mailing Address POST OFFICE BOX 431242 MIAMI FL 33243-1242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1995	3a. Date of Last Report 01/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0627659	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RASSNER, WAYNE H ESO
 7700 NORTH KENDALL DRIVE #803
 MIAMI FL 33156**

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	IOVINO, CARLO R JR	
STREET ADDRESS	6707 N.W. 169TH STREET #A108	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPATUCCI, MICHAEL E	
STREET ADDRESS	6732 S.W. 134TH COURT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WASILEWSKI, JOE	
STREET ADDRESS	14316 S.W. 142ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STILES, CRAIG A	
STREET ADDRESS	POST OFFICE BOX 2347	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEBARGE, LARRY	
STREET ADDRESS	6630 S.W. 41 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABEL, SHARON	
1.3 STREET ADDRESS	13605 SW 70 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33158	
2.1 TITLE	DP	<input checked="" 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: _____ SIGNATURE REQUIRED _____ 21 Jun 97 (305) 258-9647

CR2E037 (4/97)