

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 15 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 # N96000001177**

1. Corporation Name

**Support, Aid & Fundamental Essentials for Children, Inc**

Principal Place of Business      Mailing Address  
**11927 Maidstone Drive      Same**  
**West Palm Beach FL 33414**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**March 4, 1996**

4. FEI Number      Applied For  
**65-0678586**      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

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

9. Name and Address of Current Registered Agent  
**Diana Abouzeid**  
**11927 Maidstone Drive**  
**West Palm Beach, FL 33414**

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

12. OFFICERS AND DIRECTORS

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | Director                   | <input type="checkbox"/> DELETE |
| NAME            | Diana Abouzeid             |                                 |
| STREET ADDRESS  | 11927 Maidstone Drive      |                                 |
| CITY - ST - ZIP | West Palm Beach, FL 33414  |                                 |
| TITLE           | Director                   | <input type="checkbox"/> DELETE |
| NAME            | George Abouzeid            |                                 |
| STREET ADDRESS  | 11927 Maidstone Drive      |                                 |
| CITY - ST - ZIP | West Palm Beach, FL 33414  |                                 |
| TITLE           | Director                   | <input type="checkbox"/> DELETE |
| NAME            | Nina W. Chase-Paskin, Esq. |                                 |
| STREET ADDRESS  | 2579 Windsor Way Court     |                                 |
| CITY - ST - ZIP | West Palm Beach, FL 33414  |                                 |
| TITLE           | Director                   | <input type="checkbox"/> DELETE |
| NAME            | Cheryl Hosking             |                                 |
| STREET ADDRESS  | 11209 Isle Brook Court     |                                 |
| CITY - ST - ZIP | West Palm Beach, FL 33414  |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| 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 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 |   |

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      Date: **14-30-97**      Daytime Phone #: **561-715-6383**