

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002519 (4)**

1. Corporation Name

**HEPATITIS AND LIVER AWARENESS GROUP OF SOUTH FLO  
RIDA, INC.**

Principal Place of Business

Mailing Address

% JAMES FARRELL  
1653 NE 32ND ST.  
FT. LAUDERDALE FL 33334

P.O BOX 16654  
1653 NE 32ND ST.  
PLANTATION FL 33318  
US

3. Date Incorporated or Qualified

**05/13/1996**

4. FEI Number

**65-0675154**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26** % James P. Farrell

**22**  
City & State

**27** PO BOX 16654

**23**  
Zip

**25**  
Country

**28** City & State

**29** 33318

**30** Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRELL, JAMES P.  
1653 NE 32 ST  
FT LAUDERDALE FL 33334**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE  
NAME **POPE, KATHY**  
STREET ADDRESS **1735 SW 29 AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

1.1 TITLE **D/V/S** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SCHLISSEL, JENNA**  
STREET ADDRESS **2002-A NATURA BLVD.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

2.1 TITLE **D/T** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE  
NAME **CAESAR, JOSEPH R JR.**  
STREET ADDRESS **861 NO FIGTREE LANE**  
CITY-ST-ZIP **PLANTATION FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE  
NAME **FARRELL, JAMES**  
STREET ADDRESS **1653 NE 32ND STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **CASS, ANDREW**  
STREET ADDRESS **1502 CAYMAN WAY C4**  
CITY-ST-ZIP **POMPANO BEACH FL 33066**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE  
NAME **HATCHER, CLINTON**  
STREET ADDRESS **6800 NE 22 WAY, UNIT 2127**  
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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:

*James P. Farrell*

**James P. Farrell**

**4-29-98**

**954-  
561-5244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037003

CR2E037 (10/97)