

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N95000000121*

1. Corporation Name
SOUTH FLORIDA YOUTH PROGRAMS, INC.

Principal Place of Business Mailing Address
504 Lakeside Circle c/o Mark Draizin
Sunrise, FL 33326 P O Box 290912
Davie, FL 33329

2. Principal Place of Business 2a. Mailing Address
21 504 Lakeside Cir 26 P O Box 290912
Suite, Apt #, etc Suite, Apt #, etc
22 Sunrise, FL 33326 27
City & State City & State
23 Sunrise, FL 33326 28 Davie, FL 33329
Zip Country Zip Country
24 33326 25 Broward 29 33329 30 Broward

3. Date Incorporated or Qualified 3a. Date of Last Report
1/9/95
4. FEI Number Applied For
65-0553805 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Schneider, Laz L Esq.
c/o Berger & Davis, P.A.
100 NE 3 Avenue Suite 400
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	Mark Draizin, Director <input type="checkbox"/> DELETE
NAME	P O Box 290912
STREET ADDRESS	Ft. Lauderdale, FL 33329
CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> DELETE
NAME	Jeanette Draizin
STREET ADDRESS	P O Box 290912
CITY - ST - ZIP	Ft. Lauderdale, FL 33329
TITLE	Aaron Draizin, Director <input checked="" type="checkbox"/> DELETE
NAME	P O Box 290912
STREET ADDRESS	Ft. Lauderdale, FL 33329
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Draizin
1.3 STREET ADDRESS	504 Lakeside Circle
1.4 CITY - ST - ZIP	Sunrise FL 33326
2.1 TITLE	Drector <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeanette Draizin
2.3 STREET ADDRESS	504 Lakeside Circle
2.4 CITY - ST - ZIP	Sunrise FL 33326
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Hopwood
3.3 STREET ADDRESS	1274 Seagrape Circle
3.4 CITY - ST - ZIP	Ft Lauderdale Fl 33326
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	300001919683 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-08/13/96--01025--003
6.3 STREET ADDRESS	***70.00
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jeanette Draizin* **Jeanette Draizin** **5/1/96** **452-1512** **9:30-11:30**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
After 2:30 (954) 385-389-1221

CR2E037 (12/95)