
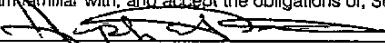
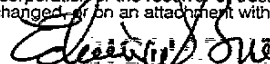


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

| | | | | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N15775 (2) 1. Corporation Name EVERGLADES AREA HEALTH EDUCATION CENTER, INC. | | | | | |
| Principal Place of Business 4450 S. TIFFANY DRIVE W. PALM BEACH FL 33407 | | | Mailing Address 4450 S. TIFFANY DRIVE W. PALM BEACH FL 33407 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/09/1986 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2740528 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input checked="" 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 | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent PETERS, JOSEPH 4450 S. TIFFANY DRIVE W. PALM BEACH FL 33407 | | | 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  JOSEPH PETERS 1/8/98 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | | |
| 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:  SUPERVISOR 1/20/98 (561) 844 9443 | | | | | |



CR2E037 (10/97)