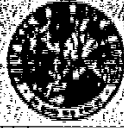


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2:42

DOCUMENT # 546425 (0)

1. Corporation Name
FORT WAYNE WOMEN'S HEALTH ORGANIZATION, INC.

Principal Place of Business Mailing Address
3990 SHERIDAN STREET, #212 3990 SHERIDAN STREET, #212
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/09/1977 3a. Date of Last Report 01/25/1994

2. Principal Place of Business 2a. Mailing Address
21 4401 Sheridan St. 26 4401 Sheridan St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #105 27 #105
City & State City & State
23 Hollywood, FL 28 Hollywood, FL
Zip Country Zip Country
24 33021 25 USA 29 33021 30 USA

4. FEI Number 59-1773732 Applied For 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YACHNOWITZ,STUART
3990 SHERIDAN STREET, #212
HOLLYWOOD FL 33021

81 Name Mark London
82 Street Address (P.O. Box Number is Not Acceptable) 4030-C Sheridan St.
83
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 607.0505, Florida Statutes.

SIGNATURE *Mark S. London* Mark S. London 1-19-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YACHNOWITZ,STUART
STREET ADDRESS 3990 SHERIDAN ST, #212
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD
NAME YACHNOWITZ,JOSEPH
STREET ADDRESS 3990 SHERIDAN ST, #212
CITY-ST-ZIP HOLLYWOOD FL

TITLE Y
NAME YACHNOWITZ,JOSEPH
STREET ADDRESS 3990 SHERIDAN ST, #212
CITY-ST-ZIP HOLLYWOOD FL

TITLE V
NAME HILL, SUSAN
STREET ADDRESS 3990 SHERIDAN ST, #212
CITY-ST-ZIP HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD Change Addition
1.2 NAME Yachnowitz, Stuart
1.3 STREET ADDRESS 4401 Sheridan St. #105
1.4 CITY-ST-ZIP Hollywood, FL 33021

2.1 TITLE SD Change Addition
2.2 NAME Yachnowitz, Joseph
2.3 STREET ADDRESS 4401 Sheridan St. #105
2.4 CITY-ST-ZIP Hollywood, FL 33021

3.1 TITLE Y Change Addition
3.2 NAME Yachnowitz, Joseph
3.3 STREET ADDRESS 4401 Sheridan St. #105
3.4 CITY-ST-ZIP Hollywood, FL 33021

4.1 TITLE V Change Addition
4.2 NAME Hill, Susan
4.3 STREET ADDRESS 4401 Sheridan St. #105
4.4 CITY-ST-ZIP Hollywood, FL 33021

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

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stuart Yachnowitz* Stuart Yachnowitz 1-19-95 (20) 987-6601