


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701780 (9)
1. Corporation Name
TROPICAL AUDUBON SOCIETY INCORPORATED



Principal Place of Business 5530 SUNSET DRIVE MIAMI FL 33143	Mailing Address 5530 SUNSET DRIVE MIAMI FL 33143
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3. Date Incorporated or Qualified 12/09/1960		
4. FEI Number 59-6147345	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHINQUINA, DON
5530 SUNSET DR.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	OLLE, DENNIS	1.2 NAME	ROBERT KELLEY
STREET ADDRESS	934 ANDRES AVENUE	1.3 STREET ADDRESS	5471 SW 78TH ST, #D
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VD	2.1 TITLE	TD
NAME	LYSINGER, DAVID	2.2 NAME	CARD ALBANESE
STREET ADDRESS	1225 CASTLE AVE.	2.3 STREET ADDRESS	6365 SW 80TH STREET
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VP	3.1 TITLE	VP
NAME	ST. JOHN, JOHN	3.2 NAME	CHAD W. LAED
STREET ADDRESS	9300 BISCAYNE BLVD	3.3 STREET ADDRESS	19662 E. COUNTRY CLUB DRIVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33180
TITLE	VP	4.1 TITLE	VP
NAME	BARROS, JOSE F.	4.2 NAME	DICK TOWNSEND
STREET ADDRESS	5824 BLUE ROAD	4.3 STREET ADDRESS	7985 SW 124TH STREET
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE	P	5.1 TITLE	PD
NAME	RIST, KARSTEN	5.2 NAME	RIST, KARSTEN
STREET ADDRESS	18014 SW 83 COURT	5.3 STREET ADDRESS	18014 SW 82 COURT
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	OM	6.1 TITLE	
NAME	KATHARINA B. SAVOY	6.2 NAME	
STREET ADDRESS	1679 SW 156TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	

Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
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Change <input type="checkbox"/>	Addition <input type="checkbox"/>

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: *Karsten Rist* June 4, 1998 (305) 666-5111

CR2E037 (1097)