


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 01 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703186 (7)**

1. Corporation Name  
**ALBIN POLASEK FOUNDATION INC.**

Principal Place of Business 633 OSCEOLA AVENUE P.O. BOX 1691 WINTER PARK FL 32790	Mailing Address 633 OSCEOLA AVENUE P.O. BOX 1691 WINTER PARK FL 32790
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>11/15/1961</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>59-1102352</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAINES, JOHN D**  
**716 N. INTERLACHEN AVENUE**  
**WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name <b>Randal Knight - President</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>645 Woodridge Dr.</b>	
83 <b>Fern Park, Fl. 32730</b>	
84 City <b>FL</b>	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 *Randal L. Knight* **Randal L. Knight** **7/18/97**  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>BALDWIN, RUSSELL R</b>	
STREET ADDRESS <b>2185 N. PARK AVENUE</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KNIGHT, RANDALL</b>	
STREET ADDRESS <b>2061 SUE HARBOR COVE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
NAME <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TROVILLION, ALLEN - Director</b>	
STREET ADDRESS <b>1312 PALMETTO AVENUE</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MORAN, MARGARET</b>	
STREET ADDRESS <b>2500 LEE RD #131</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HRUSKA, ROMAN</b>	
STREET ADDRESS <b>2139 SOUTH 38 STREET</b>	
CITY-ST-ZIP <b>OMAHA NE</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MUSKA, WILLIAM</b>	
STREET ADDRESS <b>2141 PAGET CIRCLE</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>John D. Haines</b>	
1.3 STREET ADDRESS <b>716 N. Interlachen Ave.</b>	
1.4 CITY-ST-ZIP <b>Winter Park, Fl. 32789</b>	
2.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Randal Knight</b>	
2.3 STREET ADDRESS <b>645 Woodridge Dr.</b>	
2.4 CITY-ST-ZIP <b>Fern Park, Fl. 32730</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Don Martin</b>	
3.3 STREET ADDRESS <b>2219 Whitehall Dr.</b>	
3.4 CITY-ST-ZIP <b>Winter Park, Fl. 32792</b>	
4.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>William Carter</b>	
4.3 STREET ADDRESS <b>188 Crestview Way</b>	
4.4 CITY-ST-ZIP <b>Yardley, Pa. 19067</b>	

14. I do 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, not on an attachment with an address.

SIGNATURE *Margaret D. Moran* **Margaret D. Moran** **(407) 647-6294**

CR2E037 (4/97)