


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 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 # 703251 (9)
1. Corporation Name
ST. THOMAS UNIVERSITY, INC.



Principal Place of Business % NORMAN A. BLAIR 16400 NORTHWEST 32ND AVENUE MIAMI FL 33054	Mailing Address % NORMAN A. BLAIR 16400 NORTHWEST 32ND AVENUE MIAMI FL 33054
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3. Date Incorporated or Qualified 11/28/1961	
4. FEI Number 59-0949880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASALE, FRANKLYN M		1.2 NAME	
STREET ADDRESS 16400 N.W. 32ND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33054		1.4 CITY-ST-ZIP	
TITLE CT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSOMANNO, HERMAN		2.2 NAME	
STREET ADDRESS 150 WEST FLAGLER ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33130		2.4 CITY-ST-ZIP	
TITLE VCT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIGGINBOTTOM, SAMUEL		3.2 NAME	
STREET ADDRESS ONE ALHAMBRA PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WORLEY, ELIZABETH SR.		4.2 NAME	
STREET ADDRESS 3663 SOUTH MIAMI AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAIR, NORMAN A		5.2 NAME	
STREET ADDRESS 16400 N.W. 32ND AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33054		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENNESSEY, WILLIAM J REV MSG		6.2 NAME	
STREET ADDRESS 9401 BISCAYNE BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SHORES FL 33138		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: _____

CR2E037 (10/97)