

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704990** (1)

1. Corporation Name

HOBE SOUND FIRST AID SQUAD, INC.

Principal Place of Business

**9000 ATHENA
P O BOX 213
HOBE SOUND FLORIDA 33475**

Mailing Address

**9000 ATHENA
P O BOX 213
HOBE SOUND FLORIDA 33475**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1962	3a. Date of Last Report 02/19/1996
4. FEI Number 59-6146111	Applied For <input type="checkbox"/> Not Applicable
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
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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAPLIN, NORMAN E. ESQ
~~C/O FINE, JACOBSON & SCHWARTZ~~
~~180 ROYAL PALM WAY STE 204~~
~~PALM BEACH FL 33480~~

81 Name **NORMAN E. TAPLIN, ESQ**
82 Street Address (P.O. Box Number is Not Acceptable)
213 NORTH FLAGLER DRIVE SUITE 1600
83 **C/O STEPHENS, LYNN, KLEIN & MCNICHOLAS, P.A.**
84 City **WEST PALM BEACH** **FL** **85** Zip Code **33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BONNELL, ALBERTA	
STREET ADDRESS	7130 SE BLUEBIRD CIR	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DURJAN, BARBARA JEAN	
STREET ADDRESS	10000 SE POWERLINE DRIVE	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, LEE	
STREET ADDRESS	8389 SE CAMELLIA DR	
CITY - ST - ZIP	HOBE SOUND, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OWEN, DIANA	
STREET ADDRESS	8546 S.E. MARS ST.	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	FATORRI, ARMAND	
STREET ADDRESS	12850 S.E. LAUREL VALLY	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, FRED H.	
STREET ADDRESS	9078 S.E. STAR ISLAND WY	
CITY - ST - ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAEHLERBROCK, DONALD	
1.3 STREET ADDRESS	7167 S.E. CONTINENTAL DRIVE	
1.4 CITY - ST - ZIP	HOBE SOUND FL 33455	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *SIGNATURE REQUIRED*

CR2E037 (4/97)