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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 705628 (6)

1. Corporation Name: JOHN PAUL CORPORATION



Principal Place of Business: 13300 MEMORIAL HWY. NORTH MIAMI FL 33161-3940
Mailing Address: 13300 MEMORIAL HWY NORTH MIAMI FL 33161-3940 US

3. Date Incorporated or Qualified: 05/20/1963
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 59-0998614
Applied For: Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22 City & State: 27 City & State:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

28 Zip Country 29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDEARMAID, MICHAEL
840 NE 127TH ST
NORTH MIAMI BCH., FL 33161

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	<input type="checkbox"/> DELETE
NAME	MCDEARMAID, MICHAEL	
STREET ADDRESS	840 NE 127 ST	
CITY - ST - ZIP	NORTH MIAMI BCH., FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHELIX, BERNARD	
STREET ADDRESS	12898 NE 8TH AVE, #207	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELDON, ERIC	
STREET ADDRESS	224 ATLANTIC ISLE	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEREIS, KENNETH	
STREET ADDRESS	12925 N.E. 2ND AVE.	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CABASSA, IRV	
STREET ADDRESS	1625 NE 108TH ST	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFILIPPO, SAM	
STREET ADDRESS	1015 NE 127TH ST, #21	
CITY - ST - ZIP	NORTH MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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: *Michael McDearmaid* 1/10/97 305 893 0586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031758

CR2E037 (9/96)