

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 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 # **709825** (4)  
1. Corporation Name  
**HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.**



Principal Place of Business <b>272 189TH TERRACE MIAMI BEACH FL 33160</b>	Mailing Address <b>272 189TH TERRACE MIAMI BEACH FL 33160-2310</b>
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3. Date Incorporated or Qualified <b>10/28/1965</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>59-1097329</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	30

9. Name and Address of Current Registered Agent <b>STROHBACH, CARL 301 190 STREET MIAMI BEACH FL 33160</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WYNNE, MRS. ELLEN
STREET ADDRESS	272 189TH TERRACE
CITY - ST - ZIP	MIAMI BEACH FL 33160
TITLE	VP <input type="checkbox"/> DELETE
NAME	JACKSON, ANNETTE
STREET ADDRESS	2321 N.W. 196TH ST.
CITY - ST - ZIP	MIAMI FL 33056
TITLE	SD <input type="checkbox"/> DELETE
NAME	STROHBACH, VIRGINIA
STREET ADDRESS	301 190 ST.
CITY - ST - ZIP	MIAMI BEACH FL 33160
TITLE	TD <input type="checkbox"/> DELETE
NAME	STROHBACH, CARL
STREET ADDRESS	301 190 STREET
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PARK, FAYE
STREET ADDRESS	1300 NEWTON ST.
CITY - ST - ZIP	KEY WEST FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ODELL, LEON N.
STREET ADDRESS	272-189TH TERR.
CITY - ST - ZIP	N. MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rosalie Boulton
1.3 STREET ADDRESS	D 8880 - 18th Terr
1.4 CITY - ST - ZIP	MIAMI FL 33172
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D. Merry Wynne
2.3 STREET ADDRESS	272 - 189th Terr
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33160
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: Ellen Wynne, PRC 3/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001500

CR2E037 (9/96)