


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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		Mailing Address	
272 189TH TERRACE MIAMI BEACH FL 33160		272 189TH TERRACE MIAMI BEACH FL 33160	
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	Country	Country
24	25	29	30

3. Date Incorporated or Qualified <b>10/28/1965</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>
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	

9. Name and Address of Current Registered Agent	
<b>STROHBACK, CARL</b> <b>301 190 STREET</b> <b>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
	<b>FL</b>

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	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNNE, MRS. ELLEN	1.2 NAME	<b>Mrs. Wynne</b>
STREET ADDRESS	272 189TH TERRACE	1.3 STREET ADDRESS	<b>272-189th Terr.</b>
CITY-ST-ZIP	MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	<b>miami Beach, FL 33160</b>
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ANNETTE	2.2 NAME	
STREET ADDRESS	2321 N.W. 196TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHBACK, VIRGINIA	3.2 NAME	
STREET ADDRESS	301 190 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHBACK, CARL	4.2 NAME	
STREET ADDRESS	301 190 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, FAYE	5.2 NAME	
STREET ADDRESS	1300 NEWTON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULLON, ROSALIA	6.2 NAME	
STREET ADDRESS	8880 - 18TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	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.	
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SIGNATURE: Ellen Wynne **ELLEN WYNNE, Pres.** 3/23/98 305-932-2536

CR2E037 (10/97)