


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90135 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 709825</b>					
1. Corporation Name <b>HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.</b>					
Principal Place of Business 272 189TH TERRACE MIAMI BEACH FL 33160			Mailing Address 272 189TH TERRACE MIAMI BEACH FL 33160		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/28/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1097329	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STROHBACK, CARL</b> <b>301 190 STREET</b> <b>MIAMI BEACH FL 33160</b>				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D President	<input type="checkbox"/> DELETE		1.1 TITLE	D Wynne Merry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WYNNE, MARY ELLEN			1.2 NAME			
STREET ADDRESS	272 189 TH TERR			1.3 STREET ADDRESS	272-189th Terr.		
CITY-ST-ZIP	MIAMI BEACH FL 33160			1.4 CITY-ST-ZIP	MIAMI Bch. FL 33160		
TITLE	SD	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	SD	<input type="checkbox"/> DELETE		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 33160			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		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+VP Pres.	<input type="checkbox"/> DELETE		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 33172			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, with all other like empowered.

SIGNATURE:

*Ellen Wynne Redler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: Feb. 17, 1999 Daytime Phone #: 305.932.2556

CR2E037 (11/98)