FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
95 MAY 31 AM 8:07

DOCUMENT # 711147 (9)

1. Corporation Name

DEED CLUB CHILDREN'S CANCER CLINIC, INC.

Principal Place of Business	Mailing Address
C/O PHYLLIS MEYERS 1475 N.W. 12TH AVE. D-8-4 MIAMI FL 33136	C/O PHYLLIS MEYERS 1475 N.W. 12TH AVE. D-8-4 MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1966
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-6194507 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALPERN, BARRY L. 2601 SOUTH BAYSHORE DRIVE SUITE 1400 MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	MEYERS, PHYLLIS	12 NAME		
STREET ADDRESS	9800 W BAY HARBOR DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, DOROTHY	22 NAME		
STREET ADDRESS	10155 COLLINS AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOR FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	D	☒ Change ☐ Addition
NAME	DWORKIN, MICKEY	32 NAME		
STREET ADDRESS	10350 W BAY HARBOR DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR IS FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	D	☒ Change ☐ Addition
NAME	SPECTOR, ETHYL	42 NAME		
STREET ADDRESS	1580 STILLWATER DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	MILGRIM, SHIRIEE B	52 NAME		
STREET ADDRESS	23305 TORRE CIR	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Phyllis Meyers, Pres. 5/17/95 305864521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000783