

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711873 (0)
1. Corporation Name
GOODWIN INSTITUTE FOR CANCER RESEARCH, INC.



Principal Place of Business Mailing Address
1850 N.W. 69TH AVENUE
PLANTATION FL. 33313 1850 N.W. 69TH AVENUE
PLANTATION FL. 33313

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1966		3a. Date of Last Report 03/16/1995	
21		26		4. FEI Number 59-0866119		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THUNING ROBERSON, CLAIRE
521 WEST TROPICAL WAY
PLANTATION FL 33317

81 Name
Dr. Michael J. Dauphinee
82 Street Address (P.O. Box Number is Not Acceptable)
1850 N.W. 69th Ave
83
84 City
Plantation FL 85 Zip Code
33313

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 *Michael J. Dauphinee* DATE 3/6/96
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, NELL M	1.2 NAME	
STREET ADDRESS	1340 S.E. 7TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAN0 BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECK, HARRY	2.2 NAME	
STREET ADDRESS	75 ISLA BAHIA	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THUNING-ROBERSON, CLAIRE	3.2 NAME	DAUPHINEE, MICHAEL
STREET ADDRESS	521 WEST TROPICAL WAY	3.3 STREET ADDRESS	1534 LANIAWA DR.
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33326
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHMAN, EDWARD	4.2 NAME	
STREET ADDRESS	630 RIVIERA ISLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	900001740959
STREET ADDRESS		5.3 STREET ADDRESS	-03/13/96--01027--012
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 J. Dauphinee* MICHAEL J DAUPHINEE 1/22/96 (305) 582-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)