

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 # 716396 (7)
1. Corporation Name

North Bay Village Lions Foundation, Inc.

Principal Place of Business Mailing Address
% Milton Shapiro
20301 W. Country Club Drive #2029 Same
Aventura, FL 33180

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	4/18/69		4/14/95
4.	FBI Number		Applied For
	28-7017836		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Milton Shapiro
20301 W. Country Club Drive #2029
Aventura, FL 33180

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)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PD	Kasdin, Philip	7521 Bounty Ave.	
			North Bay Village, FL 33141	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	B	SD	Simon, Samuel	
			7528 Buccaneer Ave.	
			North Bay Village, FL 33141	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	TD	Shapiro, Milton	20301 W. Country Club Drive	
			Aventura, FL 33180	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	12	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	STREET ADDRESS	14	CITY-ST-ZIP	
21	TITLE	22	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	STREET ADDRESS	24	CITY-ST-ZIP	
31	TITLE	32	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33	STREET ADDRESS	34	CITY-ST-ZIP	
41	TITLE	42	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43	STREET ADDRESS	44	CITY-ST-ZIP	
51	TITLE	52	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53	STREET ADDRESS	54	CITY-ST-ZIP	
61	TITLE	62	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63	STREET ADDRESS	64	CITY-ST-ZIP	

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4-18-96 JR

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, changed, or on an attachment with an address.

SIGNATURE: _____
Milton Shapiro, Treasurer
Date: 4/12/96 (305) 935-6653
Daytime Phone #

CR2E037 (12/95)