

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 15 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 # 717360 (2)**  
 1. Corporation Name  
**UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED**



Principal Place of Business <b>1046 ALFONSO AVE. CORAL GABLES FL 33146</b>	Mailing Address <b>1046 ALFONSO AVE. CORAL GABLES FL 33146</b>
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3. Date incorporated or Qualified  
**10/16/1969**

4. FEI Number <b>59-1731554</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HIRSCHBERG, JOSEPH G  
 1046 ALFONSO AVE.  
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BURCH, STEWART</b>
STREET ADDRESS	<b>1394 NW 192ND AVE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>HIRSCHBERG, JOSEPH G. DR</b>
STREET ADDRESS	<b>1046 ALFONSO AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEU, WILBUR K</b>
STREET ADDRESS	<b>4311 S.W. 16TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DI MARIO, ARTHUR</b>
STREET ADDRESS	<b>12831 S.W. 115TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WELLINGTON, JAMES W</b>
STREET ADDRESS	<b>212 PHOENETIA AVE., NO 4</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BYRNE, JAMES D.</b>
STREET ADDRESS	<b>851 BLUERIDGE WAY</b>
CITY-ST-ZIP	<b>DAVIE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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: *James D. Byrne* **April 7, 1998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)