

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718794 (1)

1. Corporation Name  
 NELLIE SMITH RESIDENCE FOR GIRLS, INC.



Principal Place of Business: % NELLE SMITH, E.O. BOX 32122, PALM BCH GONS FL 33420-2122, US  
 Mailing Address: % NELLE SMITH, P.O. BOX 32122, PALM BCH GONS FL 33420-2122, US

3. Date Incorporated or Qualified: 07/07/1970  
 3a. Date of Last Report: 06/28/1995

2. Principal Place of Business: PO Box, Suite, Apt. #, etc. 2276, City & State: Palm Beach FL, Zip: 33480  
 2a. Mailing Address: Nello Smith, Inc, PO Box, Suite, Apt. #, etc. 2276, City & State: Palm Beach, FL, Zip: 33480

4. FEI Number: 59-1313197  
 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: WILSON, CRAIG, PA, 1201 US STE 315, NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent: Toni Hulme a Chapman + Hulme, 1201 US Highway 1 Ste. 36, N. Palm Beach, FL, Zip Code: 33408

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: Toni Hulme, DATE: 7/17/96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	SMITH, WILLIAM	
STREET ADDRESS	512 PRIVATEER RD	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	RICHMOND, JOANN	
STREET ADDRESS	3717 37TH WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DT	<input type="checkbox"/>
NAME	HULME, ANTONIA	
STREET ADDRESS	712 US HWY 1 STE 301	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	DS	<input type="checkbox"/>
NAME	MCKENNA, PATRICIA	
STREET ADDRESS	3526 WHITEHALL DR STE 201	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	BUSSE, MAUREEN	
STREET ADDRESS	101 SEA POATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	NEALY, JOHN	
STREET ADDRESS	1560 6TH ST	
CITY-ST-ZIP	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Antonia Hulme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1201 US Hwy 1		
3.4 CITY-ST-ZIP	N. Palm Beach FL 33408		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: [Signature], DATE: 7/17/96, DAYTIME PHONE: 863-8904

CR2E037 (3/96)