


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718869 (1)					
1. Corporation Name OPERATION CONCERN, INC.					
Principal Place of Business 8543 BOYNTON BCH. BLVD. BOYNTON BCH. FL 33437 US		Mailing Address 8543 BOYNTON BCH. BLVD. BOYNTON BCH. FL 33437 US			
2. Principal Place of Business 21 8543 Boynton Bch Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 8543 Boynton Bch Blvd Suite, Apt. #, etc.		3. Date incorporated or Qualified 07/16/1970	
22 Boynton Bch City & State		27 Boynton Bch City & State		3a. Date of Last Report 10/07/1996	
23 171 Zip Country		28 171 Zip Country		4. FEI Number 59-1346618	
24 33437 Country		29 33437 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WILCOX, LINFORD REV 327 CORDOVA ROAD WEST PALM BEACH FL		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) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D Director	<input type="checkbox"/> DELETE			
NAME	WILCOX, LINFORD C				
STREET ADDRESS	8543 BOYNTON BCH BLVD.				
CITY-ST-ZIP	BOYNTON BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MCCLURE, MIKE REV				
STREET ADDRESS	4004 LK IDA ROAD				
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	P President	<input type="checkbox"/> DELETE			
NAME	RILEY, BUD				
STREET ADDRESS	K1 BRINY BREEZES				
CITY-ST-ZIP	BOYNTON BEACH FL				
TITLE	T Treasurer	<input type="checkbox"/> DELETE			
NAME	COX, ETHEL				
STREET ADDRESS	327 CORDOU RD.				
CITY-ST-ZIP	W. PALM BCH. FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SHIELE, WILLIAM REV				
STREET ADDRESS	2341 S. MILITARY TRAIL				
CITY-ST-ZIP	W PALM BCH. FL 33406				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	WILCOX, ARTIST				
STREET ADDRESS	327 CORDOVA RD				
CITY-ST-ZIP	W PALM BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Frank Molinari				
1.3 STREET ADDRESS	3314 Virginia St				
1.4 CITY-ST-ZIP	Boynton Beach, FL 33437				
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					



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/16/1970	3a. Date of Last Report 10/07/1996
4. FEI Number 59-1346618	Applied For Not Applied
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED

CR2E037 (4/97)