


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra L. Torham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721887** (8)
1. Corporation Name
EPILEPSY FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business 7300 N. KENDALL DRIVE. #700 MIAMI FL 33156	Mailing Address 7300 N. KENDALL DRIVE. #700 MIAMI FL 33156
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 10/15/1971	4. FEI Number 59-2164525	Applied For <input type="checkbox"/> 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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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		

9. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND FLOOR 28TH FLOOR MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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	VD <input type="checkbox"/> DELETE
NAME	NEW, ROBERT
STREET ADDRESS	COFFEE MASTER 19593 H.N.E. 10TH AVE.
CITY-ST-ZIP	N. MIAMI BCH FL 33179
TITLE	VD <input type="checkbox"/> DELETE
NAME	SMITH, RICHARD
STREET ADDRESS	4788 NW 98 LANE
CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KOSNITZKY, MICHAEL (ESQ)
STREET ADDRESS	100 SE 2ND ST. 28TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VSTD <input type="checkbox"/> DELETE
NAME	BUSTOR, CASTIGUA
STREET ADDRESS	1801 S.W. 1ST ST.
CITY-ST-ZIP	MIAMI FL 33135
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT NEW
1.3 STREET ADDRESS	11414 N. Bayshore Drive
1.4 CITY-ST-ZIP	N. MIAMI, FL 33181
2.1 TITLE	Treasurer - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD SMITH
2.3 STREET ADDRESS	200 E. LAS OLAS BLVD, STE 2100
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
3.1 TITLE	VICE PRESIDENT - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAREN BUCHSPAUM
3.3 STREET ADDRESS	2701 Ponce de Leon Blvd, Ste 200
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
4.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	A. BUSTOR CASTIGLIA
4.3 STREET ADDRESS	1801 S.W. 1ST ST.
4.4 CITY-ST-ZIP	MIAMI, FL 33135
5.1 TITLE	VICE PRESIDENT - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEVEN FEIG
5.3 STREET ADDRESS	545 W. 18th
5.4 CITY-ST-ZIP	Hialeah, FL 33010
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)(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 a address.

SIGNATURE: _____ **4/24/98**

CR2E037 (1097)