

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725758 (7)
1. Corporation Name
THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

Principal Place of Business Mailing Address
2801 NORTH MIAMI AVENUE MIAMI FL 33127-3931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/08/1973** 3a. Date of Last Report **12/07/1994**
4. FEI Number **59-1718540** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **2801 N. Miami Ave** 26 **2801 N. Miami Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Miami FL** 27 **Miami FL**
City & State City & State
23 **33127** 24 **DADE** 25 **33127** 28 **DADE**
Zip Country Zip Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FAINE, MICHAEL S
1095 SPYGLASS
FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent
81 Name **ANDREW KASOW**
82 Street Address (P.O. Box Number is Not Acceptable) **8603 S. DIXIE HWY., #401**
83 **SOUTH MIAMI** **FL** 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Andrew Kasow*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BAILIN, GARY
STREET ADDRESS	2311 THOMAS ST.
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	VD
NAME	KASOW, ANDREW
STREET ADDRESS	8603 S. DIXIE HWY., STE. 401
CITY-ST-ZIP	SOUTH MIAMI FL 33146
TITLE	SD
NAME	HOERBER, MARY
STREET ADDRESS	2801 PONCE DE LEON BLVD., STE. #800
CITY-ST-ZIP	CORAL GABLES FL 31334
TITLE	FD
NAME	CHICQUOR, SY
STREET ADDRESS	7582 REGENCY LAKE DR.
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D
NAME	SALIMINO, THOMAS
STREET ADDRESS	10445 SW 114 TERRACE
CITY-ST-ZIP	MIAMI FL 33178
TITLE	D
NAME	BERNSTEIN, HOWARD
STREET ADDRESS	1451 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309

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	PD <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Andrew Kasow* Andrew Kasow Date **7/7/95** 667-1515
Signature and typed or printed name of signing officer or director