

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **2801 N MIAMI AVE MIAMI FL 33127 US**
Mailing Address: **2801 NORTH MIAMI AVENUE MIAMI FL 33127-3931**

3. Date Incorporated or Qualified: **03/08/1973**
3a. Date of Last Report: **07/13/1995**
4. FEI Number: **59-1718540**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**KASON, ANDREW
8603 S DIXIE HWY
STE 401
S MIAMI FL 33146**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASOW, ANDREW	1.2 NAME	
STREET ADDRESS	8603 S. DIXIE HWY., STE. 401	1.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH MIAMI FL 33146	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOERBER, MARY	2.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD., STE. #900	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 31334	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICQUOR, SY	3.2 NAME	
STREET ADDRESS	7582 REGENCY LAKE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIMINO, THOMAS	4.2 NAME	
STREET ADDRESS	10445 SW 114 TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HOWARD	5.2 NAME	
STREET ADDRESS	1451 W. CYPRESS CREEK RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	5.4 CITY - ST - ZIP	
TITLE	Exec. Director <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL S. FAINE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	2550 Jardin Drive
CITY - ST - ZIP		6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33333

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: *Michael S. Faine* DATE: **7/26/96** (305) 573-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (12/95)