

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 # 732204 (3)

1. Corporation Name
 SOCIETY OF SAINT VINCENT DE PAUL PARTICULAR COUNCIL OF CENTRAL BROWARD, INC.



Principal Place of Business: 513 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312-1743
 Mailing Address: 513 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312-1743

3. Date Incorporated or Qualified: 03/18/1975
 3a. Date of Last Report: 03/29/1995
 4. FEI Number: 59-1580430
 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
 2a. Mailing Address
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

9. Name and Address of Current Registered Agent
 FADGEN, JERRY
 19 EAST ACRE DR.
 PLANTATION FL 33317

10. Name and Address of New Registered Agent
 81 Name: LEWIS DESARITZ
 82 Street Address (P.O. Box Number is Not Acceptable): 7770 W. OAKLAND PK BLVD
 83 STE 320
 84 City: Sunrise FL 85 Zip Code: 33351

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: *Lewis Desaritz* LEWIS DESARITZ DATE: 6/12/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAHLEM, GEORGE	
STREET ADDRESS	61 NE 26TH COURT	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOROWY, CHARLES	
STREET ADDRESS	1344 S.W. 515 WAY	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEIGER, CLAIR	
STREET ADDRESS	437 N.W. 49 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOENHOFT, MICHAEL	
STREET ADDRESS	770 N.E. 34 COURT	
CITY-ST-ZIP	OAKLAND PARK FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRAZEL, BILL	
2.3 STREET ADDRESS	12500 SW 12 STREET	
2.4 CITY-ST-ZIP	DAVIE, FLORIDA	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KREMP, BARBARA	
3.3 STREET ADDRESS	5233 N.E. 1st TENACE	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
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		

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* DATE: 6/12/96 DAYTIME PHONE: *[Blank]*

CR2E037 (3/96)