


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736615 (6)
1. Corporation Name
CITIZENS ASSOCIATION SOUTH OF SLOAN'S CURVE, INC



Principal Place of Business 2875 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480	Mailing Address 2875 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480-5591
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2. Principal Place of Business 21		2a. Mailing Address 28		3. Date Incorporated or Qualified 08/18/1976		3a. Date of Last Report 03/11/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1930968		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHORR, MAX 250 ROYALS PALM WAY PALM BEACH FL 33480				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C/D	<input type="checkbox"/> DELETE		1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FINK, RODNEY			1.2 NAME	CURRAN, EILEEN		
STREET ADDRESS	3170 S OCEAN BLVD			1.3 STREET ADDRESS	3170 SOUTH OCEAN BLVD		
CITY-ST-ZIP	PALM BEACH FL 33480			1.4 CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASSER, KENNETH			2.2 NAME	LEVENSON, ALBERT		
STREET ADDRESS	2778 SOUTH OCEAN BLVD.			2.3 STREET ADDRESS	3450 SOUTH OCEAN BLVD		
CITY-ST-ZIP	PALM BEACH FL 33480			2.4 CITY-ST-ZIP	PALM BEACH FL 33480		
TITLE	C/D	<input type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHORR, MAX			3.2 NAME	SCHWARTZ, LEON G.		
STREET ADDRESS	2778 S OCEAN BLVD			3.3 STREET ADDRESS	3440 S. OCEAN BLVD		
CITY-ST-ZIP	PALM BCH, FL 00000			3.4 CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE	ATD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMSEY, PHILIP			4.2 NAME			
STREET ADDRESS	3390 S. OCEAN BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH, FL 00000			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, WILLIAM			5.2 NAME			
STREET ADDRESS	2850 S OCEAN BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH, FL 00000			5.4 CITY-ST-ZIP			
TITLE	C/D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILKEN, STANLEY			6.2 NAME			
STREET ADDRESS	2778 S OCEAN BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH, FL 00000			6.4 CITY-ST-ZIP			

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: _____ 4/18/97 TEL: 508 9989

CR2E037 (9/96)