

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 # 736779 (0)

1. Corporation Name
DADE COUNTY BAIL BOND ASSOCIATION, INC.



Principal Place of Business: P. O. BOX 1246 COCONUT GROVE FL 33233-1246
Mailing Address: P. O. BOX 1246 COCONUT GROVE FL 33233-1246

3. Date Incorporated or Qualified: 09/09/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE
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

9. Name and Address of Current Registered Agent
**SHEPPARD, ED
1445 NW 14 TERRACE
MIAMI FL 33125**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* DATE: 3-28-96

12. OFFICERS AND DIRECTORS

TITLE	PD	WALTERS, RUSS J	<input type="checkbox"/> DELETE
NAME		P. O. BOX 1246, N/A	
STREET ADDRESS		COCONUT GROVE FL	
CITY-ST-ZIP			
TITLE	VD	MORRIS, BETH	<input type="checkbox"/> DELETE
NAME		P. O. BOX 1246, N/A	
STREET ADDRESS		COCONUT GROVE FL	
CITY-ST-ZIP			
TITLE	TD	DURKEE, MARK	<input checked="" type="checkbox"/> DELETE
NAME		P. O. BOX 1246, N/A	
STREET ADDRESS		COCONUT GROVE FL	
CITY-ST-ZIP			
TITLE	SD	CLEIN, FLO	<input type="checkbox"/> DELETE
NAME		P. O. BOX 1246, N/A	
STREET ADDRESS		COCONUT GROVE FL	
CITY-ST-ZIP			
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Transuda
33 STREET ADDRESS	Grundy, Virginia
34 CITY-ST-ZIP	1399 NW 17 Avenue, Suite 306A MIAMI, Florida 33125
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Virginia Gandy* DATE: April 8, 1996 TIME: 326-8400

CR2E037 (12/95)