

4-17-97 6-8391 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 739944 (7)

1. Corporation Name

LUPUS FOUNDATION OF AMERICA SOUTHEAST FLORIDA CH
APTER, INC.

Principal Place of Business

Mailing Address

6501 N FEDERAL HWY.
STE. 5
BOCA RATON FL 33487
US

6501 N. FEDERAL HWY.
STE. 5
BOCA RATON FL 33487
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENSON, HAROLD A. JR.
6501 NO. FEDERAL HWY #5
BOCA RATON FL 33487

81 Name PAUL HALPERN

82 Street Address (P.O. Box Number is Not Acceptable)

6501 NO. FEDERAL HWY #5

83

84 City BOCA RATON

FL

85 Zip Code 33487

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

9/5/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRIGHT, J. R.
STREET ADDRESS 700 SEASAGE DR.
CITY-ST-ZIP DELRAY BCH. FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME QAZIE, LINDA
STREET ADDRESS 2811 SW 15TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME NOLLE, RANDY E
STREET ADDRESS 9771 DAFFODIL LANE
CITY-ST-ZIP MIRAMAR FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME WEISS, ROBERT
STREET ADDRESS 3386 CHURCH HILL RD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME BRIGHT, ANNE
STREET ADDRESS 900 EAST ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE REQUIRED

FILED
Sep 17 1997 8:00am
Secretary of State



CR2E037 (4/97)