


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746687 (3)			
1. Corporation Name THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC.			
Principal Place of Business C/O SHIRLEY RUBENSTEIN 10467 SUNRISE LAKES BLVD SUNRISE FL 33322		Mailing Address C/O SHIRLEY RUBENSTEIN 10467 SUNRISE LAKES BLVD SUNRISE FL 33322-5986	
3. Date Incorporated or Qualified 04/09/1979		3a. Date of Last Report 01/24/1996	
2. Principal Place of Business 21 2635 NW 104 Ave.		2a. Mailing Address 26 2635 NW 104 Ave.	
Suite, Apt. #, etc. 22 110		Suite, Apt. #, etc. 27 110	
City & State 23 SUNRISE FLA.		City & State 28 SUNRISE FLA.	
Zip 24 33322		Zip 29 33322	
Country 25		Country 30	
9. Name and Address of Current Registered Agent RUBENSTEIN, MRS SHIRLEY 10467 SUNRISE LAKES BLVD APT. 409 SUNRISE 33322		10. Name and Address of New Registered Agent 81 Name BELLA KARGAUER 82 Street Address (P.O. Box Number is Not Acceptable) 2635 N.W. 104 AVE. 83 APT. 110 84 City SUNRISE FL 85 Zip Code 33322	
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 <i>Bella Kargauer</i> DATE 1/8/97			
12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)			
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	FELDMAN, HORTENSE		
STREET ADDRESS	9881 SUNRISE LAKES BLVD.		
CITY-ST-ZIP	SUNRISE FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	EISNER, DORIS		
STREET ADDRESS	10422 N.W. 24TH PLACE		
CITY-ST-ZIP	SUNRISE FL		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	MOSKOWITZ, LILLIAN		
STREET ADDRESS	2551 NW 103 AVE		
CITY-ST-ZIP	SUNRISE FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	RUBENSTEIN, SHIRLEY		
STREET ADDRESS	10467 SUNRISE LAKES BLVD		
CITY-ST-ZIP	SUNRISE FL		
TITLE	RS	<input checked="" type="checkbox"/> DELETE	
NAME	KETHMAN, ESTHER		
STREET ADDRESS	2780 PINE ISLAND RD		
CITY-ST-ZIP	SUNRISE FL		
TITLE	CS	<input type="checkbox"/> DELETE	
NAME	RITTERMAN, TEMA		
STREET ADDRESS	2580 NW 103RD AVE.		
CITY-ST-ZIP	SUNRISE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	FELDMAN, HORTENSE		
1.3 STREET ADDRESS	9881 SUNRISE LAKES BLVD.		
1.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	DORIS EISNER		
2.3 STREET ADDRESS	10422 N.W. 24TH PLACE		
2.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	MOSKOWITZ, LILLIAN		
3.3 STREET ADDRESS	2551 N.W. 103 AVE.		
3.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	BELLA KARGAUER		
4.3 STREET ADDRESS	2635 N.W. 104 AVE		
4.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
5.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	SHERY HARRAWITZ		
5.3 STREET ADDRESS	10467 SUNRISE LAKES BLVD.		
5.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
6.1 TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	RITTERMAN, TEMA		
6.3 STREET ADDRESS	2580 N.W. 103 AVE.		
6.4 CITY-ST-ZIP	SUNRISE FLA. 33322		
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: <i>Bella Kargauer, Treasurer</i> DATE 1/8/97 DAYTIME PHONE # 454-572-0549			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)