

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747480** (2)  
1. Corporation Name  
**PROJECT STOPPP, INC.**



Principal Place of Business <b>322 NW 84 STREET MIAMI FL 33238-0152 US</b>	Mailing Address <b>P.O. BOX 380152 MIAMI FL 33238-0152 US</b>
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3. Date Incorporated or Qualified <b>06/01/1979</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>59-1865184</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORANGE, CLEOPHUS  
951 NW 46TH ST  
MIAMI FL 33127**

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, 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	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, BERNICE</b>	
STREET ADDRESS	<b>485 NW 84TH LANE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SNOW, ROBERT</b>	
STREET ADDRESS	<b>8015 SW 198TH TERRACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOKS, JUANITA</b>	
STREET ADDRESS	<b>16914 NW 52 PL</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, FREDDIE L.</b>	
STREET ADDRESS	<b>1369 NW 96TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLACE, MAURICE</b>	
STREET ADDRESS	<b>9190 BISCAYNE BLVD SUITE 202</b>	
CITY - ST - ZIP	<b>MIAMI SHORES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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: *Bernice Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97  
Date

(305) 751-7061  
Daytime Phone # 0033927

CR2E037 (9/96)