

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).

FILED

Sep 17 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 # **748098** (1)  
 1. Corporation Name  
**THE FLORIDA STATE SOCIETY OF CYTOLOGY, INC.**



Principal Place of Business <b>5820 SW 111 TERRACE MIAMI FL 33156 US</b>	Mailing Address <b>5820 SW 111 TERRACE MIAMI FL 33156 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1979</b>	3a. Date of Last Report <b>01/31/1996</b>
21 <b>17710 NW 160 Ave.</b>	26 <b>17710 NW 160 AVE</b>			4. FEI Number <b>59-2038137</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Williston, FL</b>	28 <b>Williston, FL</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>320910</b>	25 <b>USA</b>	29 <b>320910</b>	30 <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALVAREZ, SUSAN A  
 5820 SW 111 TERRACE  
 MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name **JAMESON, SUSAN A**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**17710 NW 160 AVE**  
 83  
 84 City **Williston** **FL** 85 Zip Code **320910**

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 *Susan A Jameson* **8/5/97**  
 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>PD</b>	NAME <b>TRACEY, MOLRINE</b>	1.1 TITLE <b>PD</b>	NAME <b>GARCIA-McDougal, Estela</b>
STREET ADDRESS <b>8637 WINDSOR DRIVE</b>	CITY-ST-ZIP <b>MIRAMAR FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>4737 SW 135 Ct</b>
		1.4 CITY-ST-ZIP <b>MIAMI, FL</b>	
TITLE <b>D</b>	NAME <b>GARCIA-MC DOUGAL, ESTELA</b>	2.1 TITLE <b>D</b>	NAME <b>Thomas, Michael</b>
STREET ADDRESS <b>4737 SW 135 CT</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME	2.3 STREET ADDRESS <b>11477 Tanager Ct.</b>
		2.4 CITY-ST-ZIP <b>Naples, FL 34119</b>	
TITLE <b>VD</b>	NAME <b>MONTES, SILVIA</b>	3.1 TITLE <b>VD</b>	NAME <b>Beddow, Patricia</b>
STREET ADDRESS <b>225 COBLE DR</b>	CITY-ST-ZIP <b>LONGWOOD FL</b>	3.2 NAME	3.3 STREET ADDRESS <b>4453 Beechwood Lake Dr</b>
		3.4 CITY-ST-ZIP <b>Naples, FL 33962</b>	
TITLE <b>T</b>	NAME <b>ALVAREZ, SUSAN</b>	4.1 TITLE	NAME
STREET ADDRESS <b>5820 SW 111 TERRACE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>KIELY, VIVIAN</b>	5.1 TITLE	NAME
STREET ADDRESS <b>500 SW 47 AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	
TITLE <b>CSD</b>	NAME <b>PUSTAI, BILLIE</b>	6.1 TITLE	NAME
STREET ADDRESS <b>8101 SW 73 AVENUE, #32</b>	CITY-ST-ZIP <b>MIAMI FL</b>	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 *Susan A Jameson* **8/5/97**  
 SIGNATURE REQUIRED

CF2E037 (4/97)