


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752234 (5)**  
1. Corporation Name  
**THE FLORIDA PARAPLEGIC ASSOCIATION**



Principal Place of Business		Mailing Address	
1341 NE 173 ST N MIAMI BCH FL 33162 US		1341 NE 173 ST. N MIAMI BCH FL 33162 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified  
**04/29/1980**

4. FEI Number **59-6194486**

Applied For	
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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WISH, ELAINE**  
1341 NE 173 ST  
N MIAMI BCH FL 33162

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 Elaine Wish (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEVENSON, MILDRED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7441 WAYNE AVE APT 3-1	1.2 NAME	
STREET ADDRESS	MIAMI BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MERKER, MURIEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1710 S.W. 89 PL	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD WILLIAM SHAROUHIS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 SE 2ND ST. 17TH FLOOR	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WISH, ELAINE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1341 NE 173 ST	4.2 NAME	
STREET ADDRESS	N MIAMI BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D STUART ROSENFELDT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000 HOLLYWOOD BLVD., STE 265 SO.	5.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PEARL BURNETT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13080 ORTEGA LA	6.2 NAME	
STREET ADDRESS	N MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SP  
GLASGOW, M.M.  
65 PALMETTO DR  
MIAMI SPRINGS, FL

14. I 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: Elaine Wish ELAINE WISH 3/2/98 (305) 651-0721

CR2E037 (10/97)