


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754699 (7) 1. Corporation Name CENTURY FOR CYSTIC FIBROSIS INC.					
Principal Place of Business WELLINGTON M 314 C/O ETHEL L. STEVENS WEST PALM BEACH FL 33417			Mailing Address WELLINGTON M 314 C/O ETHEL L. STEVENS WEST PALM BEACH FL 33417		
2. Principal Place of Business 21 RENE L. BERGER Suite, Apt. #, etc. 22 302 WELLINGTON D City & State 23 W PALM BCH FL Zip 24 33417		2a. Mailing Address 26 RENE L. BERGER Suite, Apt. #, etc. 27 302 WELLINGTON D City & State 28 W PALM BCH FL Zip 29 33417		3. Date Incorporated or Qualified 10/17/1980 3a. Date of Last Report 04/09/1996 4. FEI Number 59-2001497 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent STEVENS, ETHEL L. WELLINGTON M 314 WEST PALM BEACH FL 33417			10. Name and Address of New Registered Agent 81 Name RENE BERGER 82 Street Address (P.O. Box Number is Not Acceptable) 302 Wellington D 83 West Palm Beach 84 City FL 85 Zip Code 33417		
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 RENE BERGER Renee Lizabeth Berger 4/8/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE		TD		<input type="checkbox"/> DELETE	
NAME		SCHECHTER, JENNIE			
STREET ADDRESS		ANDOVER K 259			
CITY-ST-ZIP		W PALM BCH, FL 00000			
TITLE		P		<input type="checkbox"/> DELETE	
NAME		BERGER, RENEE			
STREET ADDRESS		302 WELLINGTON			
CITY-ST-ZIP		W PALM BEACH FL			
TITLE		VD		<input type="checkbox"/> DELETE	
NAME		SEBERSKY, DAVID			
STREET ADDRESS		340 WELLINGTON H			
CITY-ST-ZIP		W PALM BCH, FL 00000			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		WEINER, SYLVIA			
STREET ADDRESS		WELLINGTON M 103			
CITY-ST-ZIP		W PALM BCH, FL 00000			
TITLE		SD		<input type="checkbox"/> DELETE	
NAME		STAR, FLORENCE			
STREET ADDRESS		1130 VIOLET TERRACE			
CITY-ST-ZIP		DELRAY BEACH FL			
TITLE		VDP		<input type="checkbox"/> DELETE	
NAME		STEVENS, ETHEL L			
STREET ADDRESS		314 WELLINGTON M			
CITY-ST-ZIP		WEST PALM BEACH FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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					



CR2E037 (9/96)