

5-18-98B-7595 C
FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754699 (7) 1. Corporation Name CENTURY FOR CYSTIC FIBROSIS INC.			
Principal Place of Business 302 WELLINGTON SUITE D WEST PALM BEACH FL 33417 US		Mailing Address 302 WELLINGTON SUITE D WEST PALM BEACH FL 33417 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/17/1980		4. FEI Number 59-2001497	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 83 W. 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 RENE BERGER DATE 4/2/98 (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD NAME SCHECHTER, JENNIE STREET ADDRESS ANDOVER K 259 CITY-ST-ZIP W PALM BCH, FL 00000		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE P NAME BERGER, RENE STREET ADDRESS 302 WELLINGTON CITY-ST-ZIP W PALM BEACH FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VD NAME SEPERSKY, DAVID STREET ADDRESS 340 WELLINGTON H CITY-ST-ZIP W PALM BCH, FL 00000		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D NAME WEINER, SYLVIA STREET ADDRESS WELLINGTON M 103 CITY-ST-ZIP W PALM BCH, FL 00000		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE SD NAME STAR, FLORENCE STREET ADDRESS 1130 VIOLET TERRACE CITY-ST-ZIP DELRAY BEACH FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE VDP NAME STEVENS, ETHEL L STREET ADDRESS 314 WELLINGTON M CITY-ST-ZIP WEST PALM BEACH FL		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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: RENE BERGER DATE 4/2/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE 00389 10			

CR2E037 (10/97)