

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 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
--	---

DOCUMENT # **761458** (9)

1. Corporation Name

FLORIDA NARAL, INC.



Principal Place of Business		Mailing Address	
<del>2080 BRIDGEPORT AVE</del> <del>4-800</del> <del>COCONUT GROVE FL 33133</del> <del>US</del>		<del>P.O. BOX 300706</del> <del>MIAMI BEACH FL 33239</del> <del>US</del>	
2. Principal Place of Business	2a. Mailing Address		
21 <u>no principal place</u>	26 <u>P.O. Box 4321</u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <u>of business</u>	27		
City & State	City & State		
23	28 <u>West Palm Beach, FL</u>		
Zip	Country	Zip	Country
24	25	29 <u>33402</u>	30 <u>USA</u>

3. Date Incorporated or Qualified	01/13/1982	
4. FEI Number	59-2169503	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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<del>KARLAN, CHARLOTTE E</del> <del>44 WEST FLAGLER ST.</del> <del>404</del> <del>MIAMI FL 33130</del>	

10. Name and Address of New Registered Agent	
81 Name	Robin Rance - Hoffman
82 Street Address (P.O. Box Number is Not Acceptable)	7319 73rd Way
83	
84 City	West Palm Beach FL
85 Zip Code	33407

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 Robin Rance - Hoffman DATE 2/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDEN, JOYCE	1.2 NAME	ELDEN, Joyce L.
STREET ADDRESS	18680 LAKE BEND DR	1.3 STREET ADDRESS	18680 LAKE BEND DRIVE
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, FELICITY	2.2 NAME	Porter, Arissa
STREET ADDRESS	215 CALABRIO AVE, #2	2.3 STREET ADDRESS	2816 N.E. 24th St.
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33305
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, FELICITY	3.2 NAME	Williamson, Martha
STREET ADDRESS	215 CALABRIA AVE., #12	3.3 STREET ADDRESS	2681 Fitzhugh Drive
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANCE-HOFFMAN, ROBIN	4.2 NAME	RANCE - HOFFMAN, Robin
STREET ADDRESS	7319 73RD WAY	4.3 STREET ADDRESS	7319 73rd Way
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Joyce L. Elden 1/24/98 (561) 743-9491

CP2E037 (10/97)