

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763623 (6)
1. Corporation Name
SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.



Principal Place of Business	Mailing Address
LAW LIBRARY UNIVERSITY OF MIAMI 1311 MILLER DRIVE CORAL GABLES FL 33124 US	LAW LIBRARY UNIVERSITY OF MIAMI 1311 MILLER DRIVE CORAL GABLES FL 33124 US

3. Date Incorporated or Qualified 06/09/1982	3a. Date of Last Report 05/11/1995
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2596419		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EFRON, MURIEL C.
10282 HERONWOOD LANE
WEST PALM BEACH FL 33412

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CITRON, BEATRICE	1.2 NAME	BEATRICE McNeil, John
STREET ADDRESS	ST THOMAS UNIV. LAW LIBRARY	1.3 STREET ADDRESS	ST Thomas Univ. Law Library
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami FL 33054
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, MONICA.	2.2 NAME	Citron, Beatrice
STREET ADDRESS	4000 FIRST UNION FIN. CNTR.	2.3 STREET ADDRESS	ST Thomas Univ Law Library
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33054
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, CLARE A.	3.2 NAME	
STREET ADDRESS	UNIV. OF MIAMI LAW LIB	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHNK, KAREN	4.2 NAME	Williams, Brian
STREET ADDRESS	DADE COUNTY PUBLIC DEFENDER	4.3 STREET ADDRESS	Univ. of Miami Law Library
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	Coral Gables, FL 33124
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: CLARE A. Donnelly CLARE A. Donnelly, TREASURER 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day the Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del...

Daytime Phone

CR2E037 (12/95)