


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763623** (6)
1. Corporation Name
SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.



Principal Place of Business LAW LIBRARY UNIVERSITY OF MIAMI 1311 MILLER DRIVE CORAL GABLES FL 33124 US	Mailing Address LAW LIBRARY UNIVERSITY OF MIAMI 1311 MILLER DRIVE CORAL GABLES FL 33124 US
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3. Date Incorporated or Qualified 06/09/1982	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Gunster Yoakley et al Suite, Apt. #, etc. #3400 22 2 So Biscayne Blvd City & State 23 Miami FL Zip 24 33131	2a. Mailing Address 26 Gunster Yoakley et al Suite, Apt. #, etc. #3400 27 2 So Biscayne Blvd City & State 28 Miami FL Zip 29 33131
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4. FEI Number 59-2596419	Applied For <input type="checkbox"/> 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 EFRON, MURIEL C. 10282 HERONWOOD LANE WEST PALM BEACH FL 33412	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VD MCNEIL, JOHN
STREET ADDRESS	ST. THOMAS UNIV. LAW LIBRARY
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD CITRO, BEATRICE
STREET ADDRESS	ST THOMAS LAW LIBRARY
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD DONNELLY, CLARE A.
STREET ADDRESS	UNIV. OF MIAMI LAW LIB
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD WILLIAMS, BRIAN
STREET ADDRESS	UNIV. OF MIAMI LAW LIBRARY
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	Clare Donnelly, Membellia
1.4 CITY-ST-ZIP	1311 Miller Drive
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Mary Barmmer
2.3 STREET ADDRESS	801 Brickell Ave
2.4 CITY-ST-ZIP	24th FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Sally E. Hoff
3.3 STREET ADDRESS	2 So Biscayne Blvd #3400
3.4 CITY-ST-ZIP	Miami FL 33131
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Denise M. Gibson
4.3 STREET ADDRESS	ST Thomas Univ Law Library
4.4 CITY-ST-ZIP	16400 NW 32nd Ave Miami FL 33054
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	300002268763
6.3 STREET ADDRESS	-08/15/97--01090--017
6.4 CITY-ST-ZIP	***61.25

14. I do 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.

CR2E037 (9/96)