SECON? NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)					
NONPROFIT CORPORATION Sandra B. Mortham					
ANNUAL REPORT Secretary of State					
1996 6-19 7 The B - Topson F CORPORATIONS					
DOCUMENT # 764072 (5)					
POP SPRUNG CAMP FUND, INC.					
Principal Place of Business Mailing Address				- I KOUKI KUUKU DIKIK OVOKI POKI KUUK	
1328 SE 2ND TERRACE 1328 SE 2ND TERRACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441					
				3. Date Incorporated or Qualified 07/07/1982	3a. Date of Last Report 04/06/1995
2. Principal Place of Business 2a. Mailing Address 2a			4. FEI Number 59-2219530	Applied For Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
	City & State City & State			6. Election Campaign Financing	Fee Required
Zip	Country	26 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
REISSMAN, ALLEN 3341 N.W. 47TH TERRACE			82 Street Addre	ess (P.O. Box Number is Not Acceptabl	e)
	. 1, APT. 106		83	·····	······
LAUDERDALE LAKES FL 33319					85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named ci				ration pubmits this statement for the	
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 tills if applicable (NGT			
12.	OFFICERS AND		E Registered Agent signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE NAME	S KAMPEL, SARA	DELETE	1.3 TITLE		Change Addition 8
STREET ADDRESS	6845 MOONLIT DR		1.2 NAME 1.3 STREET ADORESS		ZE037
CITY - ST - ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP		2E
title Name	PD REISSMAN, ALLEN	DELETE	2.1 TITLE		Change Addition O
STREET ADDRESS	3341 N.W. 47TH TERRACE		2.2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		2.4 DITY - ST-ZIP		
TITLE NAME	VD Nassberg, Thelma	DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	10795 WHITE ASPEN LANE		3 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	BOCA RATON, FL 0		3.4. CITY-ST-ZIP		
NAME	WEINBERG, PAUL	DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS	1328 SE 2ND TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL		4.4 CITY - ST - ZIP		
NAME	D Reissman, Thelma		5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS	3341 N.W. 47TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAUDERDALE LAKES FL	DELETE	54 CITY-ST-ZIP		
NAME	U Korman, Milton		6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS	404 NW 68TH AVE.		6 3 STREET ADDRESS		
<u>CITY-ST-ZP</u> 14. I do hereb	PLANTATION FL	with this filing is voluntarily for	64 CITY-ST-ZIP	/ for the exemption stated in Cast' 11	
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 cath, 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: POUND WEEN HITAGASYNER. 6/14/96, 954-429-3743					
		RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #