

SECOND 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 ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766819 (7)
 1. Corporation Name
DADE COUNTY SCIENCE TEACHERS' ASSOCIATION, INC.



Principal Place of Business 9230 SW 59TH STREET MIAMI FL 33173 US	Mailing Address 7350 SW 133 TERR MIAMI FL 33156 US
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3. Date Incorporated or Qualified 02/03/1983	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2405449	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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**BANAS, SUZANNE
 19400 GULFSTREAM ROAD
 MIAMI FL 33157**

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: *Suzanne Banas* **SUZANNE BANAS** DATE: **7-24-96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DS	<input type="checkbox"/>
NAME	BELL, RON	
STREET ADDRESS	8800 SW 123 CT #J109	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	CORREA, MARILYN	
STREET ADDRESS	1150 NW 99TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DV	<input type="checkbox"/>
NAME	SWEETING, IVAN	
STREET ADDRESS	10630 SW 158 CT #302	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/>
NAME	BANAS, SUZANNE	
STREET ADDRESS	19400 GULFSTREAM RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/>
NAME	SIEGFRIEDT, MARIA	
STREET ADDRESS	7350 SW 133 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LCB, MILLIE		
1.3 STREET ADDRESS	13125 SW 72ND ST.		
1.4 CITY-ST-ZIP	MIAMI, FL		
2.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BOSSELER, MARCIE		
2.3 STREET ADDRESS	12401 SW 74TH AVE		
2.4 CITY-ST-ZIP	MIAMI, FL 33156		
3.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BARBARA ZIELER		
3.3 STREET ADDRESS	13125 SW 72ND ST.		
3.4 CITY-ST-ZIP	MIAMI, FL		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Maria A. Siegfriedt* **MARIA A. SIEGFRIEDT** DATE: **7-24-96** (305) 283-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)