


FILE NOW: FILING FEE IS \$61.25

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Aug 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770692** (2)  
1. Corporation Name  
**SOCIAL AWARENESS FOR EVERYONE, INC.**



Principal Place of Business <b>P.O. BOX 26333 TAMPA FL 33623-6333</b>	Mailing Address <b>P.O. BOX 26333 TAMPA FL 33623-6333</b>
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3. Date Incorporated or Qualified <b>10/11/1983</b>	3a. Date of Last Report <b>08/12/1996</b>
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2. Principal Place of Business 21 <b>102 W. Whiting Street</b> Suite, Apt. #, etc. 22 <b>601</b> City & State 23 <b>Tampa, FL.</b> Zip 24 <b>33602</b>	2a. Mailing Address 26 <b>P.O. Box 1611</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa, FL.</b> Zip 29 <b>33601</b> Country 25 <b>U.S.</b> 30 <b>U.S.</b>
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4. FEI Number <b>59-3107045</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>KENNEDY, JAMES R., JR. 856 SECOND AVE., NORTH ST. PETERSBURG FL 33701</b>	10. Name and Address of New Registered Agent 81 Name <b>Sam Reiber</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>601 Twiggs St. East, 2<sup>nd</sup> Floor</b> 83 84 City <b>Tampa</b> FL 85 Zip Code <b>33601</b>
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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]* DATE **6/18/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, HENRY	1.2 NAME	
STREET ADDRESS	401 17TH STREET WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	
TITLE	VSA <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BETTY D	2.2 NAME	
STREET ADDRESS	317 ORANGE VALLEY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT E., JR.	3.2 NAME	
STREET ADDRESS	1701 4TH AVE., WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISOM, BERNICE	4.2 NAME	
STREET ADDRESS	1813 3RD AVENUE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	
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 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 *[Signature]* DATE **2/17/97** **813-222-0077**

CR2E037 (9/96)