

FILE NOW: FILING FEE IS \$61.25

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Aug 06 1998 8:00 am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 102 W. WHITING STREET 601 TAMPA FL 33602	Mailing Address P.O. BOX 1611 TAMPA FL 33601
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2. Principal Place of Business 21 6613 N. 50th St Suite, Apt. #, etc. 22 Ste. D City & State 23 Tampa FL Zip 24 33610 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 10/11/1983	4. FEI Number 59-3107045	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent REIDER, SAM 601 TWIGGS ST. EAST 2ND FLOOR TAMPA FL 33601
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10. Name and Address of New Registered Agent 81 Name Edwin T. Mulock 82 Street Address (P.O. Box Number is Not Acceptable) 519 Thirteenth Street West 83 84 City Bradenton FL 85 Zip Code 34205

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 _____ DATE 7/27/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD NAME LAWRENCE, HENRY STREET ADDRESS 401 17TH STREET WEST CITY-ST-ZIP PALMETTO FL
TITLE	D NAME SMITH, ROBERT E., JR. STREET ADDRESS 1701 4TH AVE., WEST CITY-ST-ZIP PALMETTO FL
TITLE	D NAME ISOM, BERNICE STREET ADDRESS 1813 3RD AVENUE WEST CITY-ST-ZIP PALMETTO FL
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Elana Lyles
2.3 STREET ADDRESS	410 17th Street
2.4 CITY-ST-ZIP	Palmetto, FL 34221
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Issac Williams
3.3 STREET ADDRESS	410 17th Street
3.4 CITY-ST-ZIP	Palmetto, FL 34221
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ Henry Lawrence 7-1-99 - 912-740-0323

CR2E037 (10/97)