

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:42

DOCUMENT # **F11719 (4)**

1. Corporation Name
FARGO WOMEN'S HEALTH ORGANIZATION, INC.

Principal Place of Business
**3990 SHERIDAN ST
SUITE 212
HOLLYWOOD FL 33021**

Mailing Address
**3990 SHERIDAN ST
SUITE 212
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/31/1980

3a. Date of Last Report
01/27/1994

2. Principal Place of Business
21 **4401 Sheridan Street**

2a. Mailing Address
26 **4401 Sheridan Street**

Suite, Apt. #, etc.
22 **#105**

Suite, Apt. #, etc.
27 **#105**

City & State
23 **Hollywood, FL**

City & State
28 **Hollywood, FL**

Zip
24 **33021**

Country
25 **USA**

Zip
29 **33021**

Country
30 **USA**

4. FEI Number
59-2109471

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**YACHNOWITZ, STUART
3990 SHERIDAN ST
SUITE 212
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name
Mark London

82 Street Address (P.O. Box Number is Not Acceptable)
4030-C Sheridan St.

83

84 City
Hollywood

85 Zip Code
FL 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mark S. London* **Mark S. London 1-19-95**
Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	YACHNOWITZ, STUART
STREET ADDRESS	3990 SHERIDAN ST #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	S
NAME	YACHNOWITZ, JOSEPH
STREET ADDRESS	3990 SHERIDAN ST #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VP
NAME	HILL, SUSAN
STREET ADDRESS	3990 SHERIDAN ST #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yachnowitz, Stuart	
1.3 STREET ADDRESS	4401 Sheridan St. #105	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Yachnowitz, Joseph	
2.3 STREET ADDRESS	4401 Sheridan St. #105	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hill, Susan	
3.3 STREET ADDRESS	4401 Sheridan St. #105	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stuart Yachnowitz* **Stuart Yachnowitz 1-19-95 (205) 987-1604**
Signature and typed or printed name of signing officer or director. (Date) (Daytime Phone #)