

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 # F94000001923 (1)
 1. Corporation Name **SOCIETY**
THE AMERICAN ASSOCIATION FOR THE PREVENTION OF CRUELTY TO ANIMALS, INC.
Correction of name OK per Thelma Lewis in amendments section



Principal Place of Business 424 EAST 92ND STREET NEW YORK NY 10128	Mailing Address 424 EAST 92ND STREET NEW YORK NY 10128
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last Report 06/14/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-1623829	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAS, ROGER	1.2 NAME *	700001911587
STREET ADDRESS	424 EAST 92ND STREET	1.3 STREET ADDRESS	-08/02/96--01044--008
CITY-ST-ZIP	NEW YORK NY 10128	1.4 CITY-ST-ZIP	***61.25
TITLE	SRV <input type="checkbox"/> DELETE	2.1 TITLE	V (Sr.V.P.&C.F.O.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUDENE, STEPHEN	2.2 NAME	
STREET ADDRESS	424 EAST 92ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORGAN, JOHN	3.2 NAME	Anthony E. Shaw
STREET ADDRESS	424 EAST 92ND STREET	3.3 STREET ADDRESS	424 East 92nd Street
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10128
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/T (Director & Treasurer) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKMAN, STEVE M	4.2 NAME	Elkman, Steven M.
STREET ADDRESS	424 E 92ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/S (Director & Sec'y) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTER, THOMAS	5.2 NAME	Tatyana Oliphant
STREET ADDRESS	424 E 92ND ST	5.3 STREET ADDRESS	424 East 92 Street
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10128
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D/C (Chairman) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEBBINS, JAMES	6.2 NAME	and Director
STREET ADDRESS	424 E 92ND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: *Stephan Eudene* Date: **7/12/96** (212) 876-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)