

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

DOCUMENT # **F94000004379 (3)**

1. Corporation Name

DIANA WASSERMAN MEMORIAL FUND, INC.



Principal Place of Business

Mailing Address

**800 S.E. 3RD. AVE.
8TH FLOOR
FT. LAUDERDALE FL 33301**

**C/O/ SUSANNE J. HOLANDER
400 LAKE COOK RD. #110
DEERFIELD IL 60015**

3. Date Incorporated or Qualified 08/23/1994	3a. Date of Last Report 08/25/1995
4. FEI Number 65-0325725	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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	D
NAME	CLARK, FAY	1.2 NAME	Clark, Fay
STREET ADDRESS	600 S.E. 3RD AVENUE, 8TH FLOOR	1.3 STREET ADDRESS	600 S.E. 3rd Ave., 8th Floor
CITY - ST - ZIP	FT LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	VCV	2.1 TITLE	D
NAME	KENGOTT, KIT	2.2 NAME	Kengott, Kit
STREET ADDRESS	600 S.E. 3RD AVENUE, 8TH FLOOR	2.3 STREET ADDRESS	600 S.E. 3rd Ave., 8th Floor
CITY - ST - ZIP	FT LAUDERDALE FL 33301	2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	ST	3.1 TITLE	
NAME	SCHLACKMAN, LEE	3.2 NAME	
STREET ADDRESS	9954 MAJORCA PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	SCHLACKMAN, LEO L	4.2 NAME	
STREET ADDRESS	9954 MAJORCA PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

0018729

CR2E037 (3/96)