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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

6331 HOLLYWOOD BLVD #700

F96000006268 (4)

ASSOCIATION FOR BETTER LIVING AND EDUCATION, INC

•	
Principal Place of Business	Mailing Address

6331 HOLLYWOOD BLVD #700 LOS ANGELES CA 90028-6313

FILED May 15 1997 8:00am Secretary of State



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B. Name and Address of Current Registered Agent JOHNSON, ROBERT 100 NORTH TAMPA STREET, STE 3500 TAMPA FL 33602 52 Street Address (P.O. Box Number is Not Acceptable) 53	Zip	Country	Zip	Š	untry		8. This corporation has liability for intangible tax under s. 199.032,
JOHNSON, ROBERT 100 NORTH TAMPA STREET, STE 3500 TAMPA FL 33602 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. 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 society the appointment as registered signal. I am familiar with, and accept the obligations of, Section \$17,509, Florida Statutes. SIGNATURE SQUAL THE SQUARES AND DIRECTORS 12. POFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS 14. STREET ALORESS 15. VERY STAPP DELETE 1.11TILE D. AND DELETE 1.11TILE D. D. AND DELETE 1.11T	24			30			
JOHNSON, ROBERT 100 NORTH TAMPA STREET, STE 3500 TAMPA FL 33602 82 Street Address (P.O. Box Number is Not Acceptable) 83 Florida Statutes Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of. Section 617 0500, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SIREST ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME WEINBERG, RENA 8331 HOLLYWOOD BLVD #700 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME WEINBERG, RENA 8331 HOLLYWOOD BLVD #700 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME WEINBERG, RENA 8331 HOLLYWOOD BLVD #700 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 8331 HOLLYWOOD BLVD #700 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. TITLE 10. SANGELES CA 14. DIVY 51-2P 15. STREET ADDRESS 16. STREET ADDRESS 17. STAPE 17. DIVY 51-2P 18. STREET ADDRESS 18. STREET A		9. Name and Address of Current	Registered Agent		-	41	10. Name and Address of New Registered Agent
110 NORTH TAMPA STREET, STE 3500 TAMPA FL 33602 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statufes, the above-named corporation submits this statement for the purpose of changing its registered agent. a maintain with, and accept the obligations of Section 617 0503, Florida Statufes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. ITILE P					181	Name	
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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 pursuse of changing its registered office or registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature typed of perfetted appeal, on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby sociept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature typed of perfetted accept the obligations of, Section 617,0503, Florida Statutes. MOTE Required dyner signature florida Statutes. MOTE Required dyner signature florida Statutes. MOTE Required dyner signature florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE POTENTIAL STATE ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 NAME SIRREI ADDRESS 14 DOLLYWOOD BLVD #700 LOS ANGELES CA TITLE SEAGAC, KAREN 6331 HOLLYWOOD BLVD #700 LOS ANGELES CA TITLE SEAGAC, KAREN 6331 HOLLYWOOD BLVD #700 LOS ANGELES CA TITLE SEAGAC, WEEN CONTY-ST-2P LOS ANGELES CA TITLE SEAGAC STATE ADDRESS CA TITLE TO Change Addition Addition SEAGAC STATE ADDRESS CA TITLE SEA	TAMPA F	L 33602			83	ļ	•
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					84	City	S5 Zip Code
Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent. I am familiar with, and accept the obligations of, Sociolo 617.05.03, Florida Statutor. Signature Signatur	11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the a	above	a-named	corporation submits this statement for the purpose of changing its registered
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DELETE D	SIGNATURE	signature, typed or printed name of registered agen	at and title if applicable. (NOTI	E: Régister	ed Age	int signature	a required when reinstating) DATE
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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			with this filing does not qualit				stated in Section 119 07/3Vi) Floride Statutes 1 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 changes or on an attachment with an address.

SIGNATURE:

HI QUELLONDA BYRNE