

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **F96000006268 (4)**

1. Corporation Name

ASSOCIATION FOR BETTER LIVING AND EDUCATION, INC

Principal Place of Business

**6331 HOLLYWOOD BLVD #700
LOS ANGELES CA 90028-6313**

Mailing Address

**6331 HOLLYWOOD BLVD #700
LOS ANGELES CA 90028-6313**3. Date Incorporated or Qualified
12/03/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

95-4188814

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

10. Name and Address of New Registered Agent

**JOHNSON, ROBERT
100 NORTH TAMPA STREET, STE 3500
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	P	<input type="checkbox"/> DELETE
NAME	WEINBERG, RENA	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SEAGAC, KAREN	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BYRNE, GWENDA	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZURN, LAURIE	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HOGARTH, SIMON	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, SHERRY	
STREET ADDRESS	1704 IVAR	
CITY - ST - ZIP	LOS ANGELES CA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CATHERINE WHITTLE	
1.3 STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
1.4 CITY - ST - ZIP	LOS ANGELES CA 90028	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEATE GORDON	
2.3 STREET ADDRESS	6331 HOLLYWOOD BLVD #700	
2.4 CITY - ST - ZIP	LOS ANGELES CA 90028	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APR 97

(213) 960 3530

Date

Daytime Phone # 0001072

CR2E037 (9/96)