

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **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
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3. Date Incorporated or Qualified
12/03/1996

4. FEI Number
95-4188814

Applied For
Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State **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 *Gwendolyn Byrne* **16 FEB 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	WEINBERG, RENA
STREET ADDRESS	6331 HOLLYWOOD BLVD #700
CITY-ST-ZIP	LOS ANGELES CA
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITTLE, CATHERINE
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 checked="" type="checkbox"/> DELETE
NAME	ZURN, LAURIE
STREET ADDRESS	6331 HOLLYWOOD BLVD #700
CITY-ST-ZIP	LOS ANGELES CA
TITLE	D <input type="checkbox"/> DELETE
NAME	GORDON, BAETE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T
1.3 STREET ADDRESS	TOFIL, JOAN
1.4 CITY-ST-ZIP	6331 HOLLYWOOD BLVD #700 LOS ANGELES CA 90028
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Gwendolyn Byrne* **16 FEB 98 (213)9603530**

CR2E037 (1097)