

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90008 023 ****61.25

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DOCUMENT # F96000006268

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-4188814	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		Trust Fund Contribution	
8.75 Additional Fee Required		5.00 May Be Added to Fees			

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, RENA	1.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, CATHERINE	2.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD., #700	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, GWENDA	3.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOFIL, JOHN	4.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD #700	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90028	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, BAETE	5.2 NAME	
STREET ADDRESS	6331 HOLLYWOOD BLVD., #700	5.3 STREET ADDRESS	6331 HOLLYWOOD BLVD #700
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	LOS ANGELES CA 90028
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, SHERRY	6.2 NAME	
STREET ADDRESS	1704 IVAR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GWENDA BYRNE
SECRETARY

4/1/99

Date

(323) 9603520

Daytime Phone #

CR2E037 (1/98)