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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N00214

(9)

THE SOCIETY OF AUSTRALASIAN SPECIALISTS/OCEANIA INC.

2. Principal Pace of Business	Principal Place of Business Mailing Address				T 4001/104 DIT 88/11 DELFO 11801 BIDIT DIDIT BIDIT DIDIT DIBIT DIBIT DIBIT DIDIT BIDIT	
US 2. Principal Place of Business 2. A Main'ny Address 2. Principal Place of Business 2. Suito, Act. #, etc. 3. Suito, Act. #,	4251 MORELIA PLACE		4251 MORELIA PLACE			
SURIC, Apt. F, etc. 20			_	-7190 02004-7790		3a. Date of Last Report 02/22/1995
Suite, Apt. #, etc. 27	_	rincipal Place of Business				Applied For
City & State 27		Suite Ant # etc			39 2040230	Not Applicable
25 25 26 27 27 27 27 27 27 27	_	idite, Apr. #, etc.			5. Certificate of Status Desired	Fee Regulred
Zip		lity & State	— ´			\$5.00 May Be
Section Sect		To County	····	1 Annata		Added to Fees
9. Name and Address of Current Registered Agent NOVAK, DR. FRANK J. 4251 MORELIA PLACE PENSACOLA FL 32504-7753 83 84 City FL 85 Zip Code or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing his registered agent and see the obligations of Scotions 617,0502 and 617,1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing his registered agent and accept the obligations of Scotions 617,0502 and 617,1508. Florida Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes. 12. CFRICERIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CFRICERIS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 16. TYLER, PAUL 17. TYLER, PAUL 18. TYLER, PAUL 18. TYLER, PAUL 19. TYLER, PAUL		· — ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	. · _
NOVAK, DR. FRANK J. 4251 MORELIA PLACE PENSACOLA FL 32504-7753 83 84				[30]		
### A251 MORELIA PLACE PENSACOLA FL 32504-7753 ### City #### City ### City #### City #### City ### City ### City #### City #### City #### City #### City #### City #### City ##### City ##### City ##### City ####### ############################				81 Name		
### A251 MORELIA PLACE PENSACOLA FL 32504-7753 ### City #### City ### City #### City #### City ### City ### City #### City #### City #### City #### City #### City #### City ##### City ##### City ##### City ####### ############################		NOVAK DR FRANKJ				
PENSACOLA FL 32504-7753 83				82 Street	Address (P.O. Box Number is Not Acceptable))
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Florida. Such change was submitzed by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with and accept the obligations of Section 617.0503, Perioda Statutes. Signature: Signature: Signature have or printed name 3 impalared agent and time it accircults. NOTE Registered Agent dynature recursor when residence agent agent and time it accircults. P				83		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Rorida Statutes, the above named corporation submits this attendent for the purpose of changing its register or registered agent, or both, in the State of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the exponitment as registered agent familiar with, and accept the obligations of. Section 617.0503, Forida Statutes. SIGNATURE Signature Signator opined name of implanted agent and seed acceptance. PKDE Registered Agent agenturin received when nativating! DATE 12.		TEMONOCENTE GEGGT 1100				
11. PURSUANT to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Priorids. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILL INTILL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILL INTILL 1028 ROCKY POINT CT NE ALBOUERGUE NM 11. STREET ADDRESS CITY-SI-ZP NOVAK, FRANK J. (DR.) 4251 MORELIA PLACE PENSACOLA FL 0 D DELETE 1. THILE 0 D DELETE 2. ALBOUERGUE NM 1. ACTIV-SI-ZP DELETE 2. ACTIV-SI-ZP DELETE 2. ALBOUERGUE NM 1. ACTIV-SI-ZP Change 7. ACTIV-SI-ZP DELETE 2. ACTIV-SI-ZP DELETE 1. THILE 0 Change 7. Chang				84 City		85 Zip Code
Or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby eccept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, bus do protest name of inquitated agent and time it accordance. POTE Registered Agent agreeting with any accordance of inquitated agent and time it accordance. POTE Registered Agent agreeting with any accordance of inquitated agent and time it accordance. POTE Registered Agent agreeting with any accordance of inquitated agent and accordance. POTE Registered Agent agreeting with any accordance of inquitated agent and accordance. POTE Registered Agent agreeting with any accordance of inquitated agent agreeting agreeting agent agreeting agent agreeting agent agreeting agent agreeting	11.	Pursuant to the provisions of Sections 617.050)2 and 617.1508. Florida Statute	es, the above-named co	vooration submits this statement for the num	
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Signature, bysed or printed name 2 Integritheral Agent and title appointed and the		· · · · · · · · · · · · · · · · · · ·	JION 617.0000, FIORIDA STATUTES	4		
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					new orleans, La]	0182
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)(k), Florida Statutes. If it certify that the information indicated of this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made oath; that I am an officer or directly of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my report as required by Chapter 617, Florida Statutes; and that my report is report as required by Chapter 617, Florida Statutes; and that my report is report as required by Chapter 617, Florida Statutes.	14.	I do hereby certify that the information supplied certify that the information indicated of this applied	I with this filing is voluntarily furn	ished and does not qualitation and each	ality for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Danou 16 (408) 8 NO14