

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00214 (9)**  
1. Corporation Name  
**THE SOCIETY OF AUSTRALASIAN SPECIALISTS/OCEANIA INC.**



Principal Place of Business <b>% DR. FRANK J. NOVAK 4251 MORELIA PLACE PENSACOLA, FL 32504-7753 32504-7753 US</b>	Mailing Address <b>% DR. FRANK J. NOVAK 4251 MORELIA PLACE PENSACOLA, FL 32504-7753 32504-7753 US</b>
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3. Date Incorporated or Qualified <b>12/07/1983</b>	3a. Date of Last Report <b>02/09/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2346256</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

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**

**NOVAK, DR. FRANK J.  
4251 MORELIA PLACE  
PENSACOLA FL 32504-7753**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYLER, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>1023 ROCKY POINT CT NE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALBUQUERQUE NM</b>	1.4 CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87123</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOVAK, FRANK J. (DR.)</b>	2.2 NAME	
STREET ADDRESS	<b>4251 MORELIA PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504-7753</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIEG, CARL L</b>	3.2 NAME	
STREET ADDRESS	<b>260 MERRYDALE RD. APT.15</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN RAFAEL CA</b>	3.4 CITY-ST-ZIP	<b>SAN RAFAEL, CA 94903</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, MARY G</b>	4.2 NAME	
STREET ADDRESS	<b>1732 W. MOCKINGBIRD LN.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDERSON IN</b>	4.4 CITY-ST-ZIP	<b>ANDERSON, IN 46013</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVEN, STUART H.</b>	5.2 NAME	
STREET ADDRESS	<b>4031 SAMSON WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN JOSE CA</b>	5.4 CITY-ST-ZIP	<b>SAN JOSE, CA 95124</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANAM, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>4101 NORMAN MAYER AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	6.4 CITY-ST-ZIP	<b>NEW ORLEANS LA 70182</b>

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: Pamela N. Tyler **2-1-97** **505-292-2539**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone # 0072678

CR2E037 (9/96)