


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90022 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N00669</b>					
1. Corporation Name <b>LEJEUNE FOUNDATION INC.</b>					
Principal Place of Business 9715 S.W. 142 DRIVE MIAMI FL 33176-3741			Mailing Address 9715 S.W. 142 DRIVE MIAMI FL 33176-3741		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2382578	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA, KK. MIAMI FL 33131				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	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERST, JANET A	1.2 NAME	
STREET ADDRESS	9715 SW 142 DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, DAWN A	2.2 NAME	
STREET ADDRESS	39 CLUB FOREST LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29605	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, RHODA C.	3.2 NAME	
STREET ADDRESS	147 ALHAMBRA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERST, ROBERT B.	4.2 NAME	
STREET ADDRESS	5318 JOG LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, DORIS	5.2 NAME	
STREET ADDRESS	3708 ROSWELL PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Robert C. Eberst
STREET ADDRESS		6.3 STREET ADDRESS	9715 S.W. 142 Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33176

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:

*Robert C. Eberst*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 305.255.1363

Date

Daytime Phone #

CR2E037 (11/98)