

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO1992**
1. Corporation Name
ABC BIOMEDICAL FOUNDATION, INC.

Principal Place of Business Mailing Address
**8158 PALM HARBOR WAY
ORLANDO, FL 32822**

2. Principal Place of Business 2a. Mailing Address
21 **8158 PALM HARBOR WAY** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27 City & State
23 **ORLANDO, FL** 28
Zip 29 Zip Country 30 Country
24 **32822** 25 **USA**

3. Date Incorporated or Qualified **3/16/84** 3a. Date of Last Report **MAY 95**
4. FE Number **59-2512667** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARILYN WURTZ
8158 PALM HARBOR WAY
ORLANDO, FL 32822**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P/VIC EDITH LAUENDAR
STREET ADDRESS	224 SANDCASTLE WAY
CITY-ST-ZIP	ST SIMONS ISL, GA 31522
TITLE	<input type="checkbox"/> DELETE
NAME	S/T/D DEANNE AMBROSE DUKES
STREET ADDRESS	PO BOX 24082 / 850 MALLORY
CITY-ST-ZIP	ST SIMONS, GA 31522
TITLE	<input type="checkbox"/> DELETE
NAME	PETER TORAGIVA
STREET ADDRESS	3615 CASTLEWOOD
CITY-ST-ZIP	(CHAMBLEE) GA 30341
TITLE	<input type="checkbox"/> DELETE
NAME	JAMES D. DUKES
STREET ADDRESS	PO BOX 24082 / 850 MALLORY
CITY-ST-ZIP	ST SIMONS, GA 31522
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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: **Edith Ambrose Lanender** Date: **May 17, 1996** Daytime Phone #: **412-638-6311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **OS 5-28-96**

CR2E037 (12/95)