

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05668 (1)

1. Corporation Name

**GERI MALLOY MALINER NURSING SCHOLARSHIP FOUNDATI
ON, INC.**



Principal Place of Business

Mailing Address

% ROBERT MALINER
4510 BUCHANAN STREET
HOLLYWOOD FL 33021

% ROBERT MALINER
4510 BUCHANAN STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
10/15/1984

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 []

26 []

4. FEI Number
59-2456382

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 []
City & State

27 []
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 []

28 []

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 [] Zip

25 [] Country

29 [] Zip

30 [] Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALINER, ROBERT
4510 BUCHANAN STREET
HOLLYWOOD FL 33021**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	MALINER, ROBERT	4510 BUCHANAN ST	HOLLYWOOD FL	<input type="checkbox"/>
VSD	MALINER, GAIL	4510 BUCHANAN ST	HOLLYWOOD FL	<input checked="" type="checkbox"/>
D	RESCINITI, S ED	35 PARK AVE	NEW YORK NY	<input type="checkbox"/>
T	KURLAND, ROSLYN	4400 N HILLS DR	HOLLYWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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:

Robert H Maliner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 1996

(954) 966-7000
Daytime Phone #

CR2E037 (12/95)