

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 # **N05787** (9)

1. Corporation Name

CENTER ONE, ANYONE IN DISTRESS, INC.



Principal Place of Business

Mailing Address

3015 N OCEAN BLVD. STE 111
FT LAUDERDALE FL 33308-7300
US-

3015 N OCEAN BLVD STE 111
P.O. BOX 0152
FT. LAUDERDALE FL 33308
US-

3. Date Incorporated or Qualified: **10/23/1984**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business
21 **2817 East Oakland Park Blvd**
22 **Suite # 200**
23 **Fort Lauderdale, FL**
24 **33306-1813** 25 **USA**

2a. Mailing Address
26 **2817 East Oakland Park Blvd**
27 **Suite # 200**
28 **Fort Lauderdale, FL**
29 **33306-1813** 30 **USA**

4. FEI Number: **NOT APPLICABLE 59-2532270**
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

10. Name and Address of New Registered Agent

SCHLEGEL, PAUL
540 E MCNAB RD
POMPANO BEACH FL 33060

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	AFRICK, PAM	
STREET ADDRESS	2510 NE 47TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALPERN, STEVEN J.	
STREET ADDRESS	899 W CYPRESS CRK. RD. S. 702	
CITY-ST-ZIP	FT LAUDERDALE FL 33310	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITELOCKE, DIANA	
STREET ADDRESS	1311 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WEATHERHEAD, JOHN C	
STREET ADDRESS	3015 N OCEAN BLVD STE 111	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JERNIGAN, SKEET	
STREET ADDRESS	P.O. 2331 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NELSON, STEPHEN J	
STREET ADDRESS	10403 NW 5TH CT.	
CITY-ST-ZIP	PLANTATION FL 33304	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schagrin, Richard	
1.3 STREET ADDRESS	2412 NW 35 Street	
1.4 CITY-ST-ZIP	BOCA RATON FL 33431	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

954-537-4111

Date

Daytime Phone #

CR2E037 (12/95)