

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
2817 EAST OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE FL 33306-1813 US
2817 EAST OAKLAND PARK BLVD SUITE 200 FT. LAUDERDALE FL 33306-1813 US

3. Date incorporated or Qualified 10/23/1984
3a. Date of Last Report 04/29/1996
4. FEI Number 59-2532270 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

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
City & State 27
Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
SCHLEGEL, PAUL
540 E MCNAB RD
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name Dennis Mc Glothin
82 Street Address (P.O. Box Number is Not Acceptable)
83 727 NE 3 Avenue
84 City Fort Lauderdale FL 85 Zip Code 33304

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, 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]* Dennis Mc Glothin, Vice Chairperson 2/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHARGRIN, RICHARD	
STREET ADDRESS	2412 NW 35 STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	WHITLOCKE, 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	P	<input checked="" type="checkbox"/> DELETE
NAME	JERNIGAN, SKEET	
STREET ADDRESS	P.O. 2331 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, STEPHEN J	
STREET ADDRESS	10403 NW 5TH CT.	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Olefson, Shari	
1.3 STREET ADDRESS	15 SE 9 Avenue	
1.4 CITY-ST-ZIP	Fort Lauderdale FL 33301	
2.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Morey, Gary	
2.3 STREET ADDRESS	1356 SE 12 Way	
2.4 CITY-ST-ZIP	Fort Lauderdale FL 33316	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McGlothin, Dennis	
3.3 STREET ADDRESS	727 NE 3 Avenue	
3.4 CITY-ST-ZIP	Fort Lauderdale FL 33304	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ray, Gregory	
5.3 STREET ADDRESS	100 NE 3 Avenue	
5.4 CITY-ST-ZIP	Fort Lauderdale FL 33301	
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rohan, Heather	
6.3 STREET ADDRESS	600 SW 3 Street	
6.4 CITY-ST-ZIP	Pompano Beach FL 33060	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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] John C. Weatherhead

CR2E037 (9/96)