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Jun 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
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DOCUMENT # **N11046 (2)**
1. Corporation Name
THE EVH AND LAKE SHORE ALUMNI, INC.



Principal Place of Business C/O GLEASON HOLLOWAY 5601 MAYO STREET HOLLYWOOD FL 33023	Mailing Address C/O GLEASON HOLLOWAY 5601 MAYO STREET HOLLYWOOD FL 33023-2327
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3. Date Incorporated or Qualified 09/11/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2570972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**BURKE, JAMES C.
6600 NW 27TH AVENUE
SUITE 208
MIAMI FL 33146**

10. Name and Address of New Registered Agent
81 Name **Eric M. Dennison**
82 Street Address (P.O. Box Number is Not Acceptable)
3131 NW 813 St
83
84 City **Coral City** FL 85 Zip Code **33066**

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 *Gleason Holloway* DATE **June 12, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COWART-HOWELL, ELIZABETH	
STREET ADDRESS	40 W HIGH TERR	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COVLON, MYRTTE	
STREET ADDRESS	1301 SW AVE C PLACE	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, GLEASON	
STREET ADDRESS	5601 MAYO ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCLENDON, CARTHIA	
STREET ADDRESS	241 W 16TH WAY	
CITY-ST-ZIP	RIVERA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYONLDS, YVONNE	
STREET ADDRESS	20428 WASHBURN ST	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKINLY, PERIOR	
STREET ADDRESS	1625 NE FREEMONT	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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 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.

SIGNATURE *Gleason Holloway* DATE **6/12/97** **954.962-4760**

CR2E037 (9/96)