

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 # **N11527** (1)

1. Corporation Name

LAMBDA DADE, INC.

Principal Place of Business

**410 NE. 22 ST.
MIAMI FL 33137-2118**

Mailing Address

**410 NE. 22 ST.
MIAMI FL 33137-2118**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1985		3a. Date of Last Report 09/11/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2617508		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WARD, EVERITT
505 NE 30TH ST.
STE. 604
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name **Kenn Marcus**
82 Street Address (P.O. Box Number is Not Acceptable)
451 NE 35 ST APT 203
83
84 City **MIAMI** FL 85 Zip Code **33137**

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]

Kenn Marcus

4/25/96

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	WARD, EVERITT	
STREET ADDRESS	505 NE 30TH ST. STE. 604	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KING, PAT	
STREET ADDRESS	1095 NE 85TH ST.	
CITY-ST-ZIP	MIAMI 33138	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VAN BUREN, ELLEN	
STREET ADDRESS	1620 NW 157TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STOLZBERG, KARL	
STREET ADDRESS	1730 NE 138TH SR.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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

1.1 TITLE	P President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Richard Scott	
1.3 STREET ADDRESS	451 NE 35 ST apt 201	
1.4 CITY-ST-ZIP	MIAMI FL 33137-3921	
2.1 TITLE	V Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Nye W. Hiden	
2.3 STREET ADDRESS	648 NE 72 ST	
2.4 CITY-ST-ZIP	MIAMI FL	
3.1 TITLE	T/S Sec/Treas,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D KENN MARCUS	
3.3 STREET ADDRESS	451 NE 35 ST #1203	
3.4 CITY-ST-ZIP	MIAMI, FL 33137	
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 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]

Kenn Marcus

4/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)