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FILED
Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N18519****(1)**

1. Corporation Name

H.A. PERRY FOUNDATION, INC.Principal Place of Business
**1001 U.S. HIGHWAY ONE
800
JUPITER FL 33477
US**Mailing Address
**1001 U.S. HIGHWAY ONE
800
JUPITER FL 33477-4407
US**3. Date Incorporated or Qualified
12/30/19863a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEISEL, DAVID S
777 SO FLAGLER DR WEST TOWER
SUITE 1113 PHILLIPS POINT
WEST PALM BEACH FL 33477**

81 Name

Henry A. Perry

82 Street Address (P.O. Box Number is Not Acceptable)

C/O Asset Management Advisors

83

1001 North U.S. Highway One, Suite 800

84 City

Jupiter, FL

85

**Zip Code
33477**

11. Pursuant to the provisions of Sections 617.0302 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

Henry A. Perry, President**1/17/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TP	PERRY, HENRY A.	1001 US HIGHWAY 1 SUITE 800	JUPITER FL	<input type="checkbox"/>
T	MCCOMAS, MICHAEL	840-B 12TH AVENUE, SOUTH	NAPLES FL	<input type="checkbox"/>
VP	CRAWFORD, BRUCE M.	11467 RIVERWOOD PLACE, TWELVE OAKS	N PALM BCH. FL	<input type="checkbox"/>
ST	PERRY, ELLEN M.	1001 US HIGHWAY 1 SUITE 800	JUPITER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

Date

1561746-8444

Daytime Phone # 0044581

CR2E037 (9/96)