

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 # N19293 (2)

1. Corporation Name

THE FLORIDA ASSOCIATION OF BUSINESS & HEALTH COALITIONS, INC.



Principal Place of Business

Mailing Address

1111 N. WESTSHORE BLVD.
SUITE 608
TAMPA FL 33607-4702

1111 N. WESTSHORE BLVD.
SUITE 608
TAMPA FL 33607-4702

3. Date Incorporated or Qualified
02/18/1987

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FEI Number
65-0133430

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK M. BROCATO
1111 N. WESTSHORE BLVD.
SUITE 608
TAMPA FL 33607

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PIATEK, EUGENE, S
STREET ADDRESS 6637 SUPERIOR AVE., STE. C.
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE DT
NAME FRANK M. BROCATO,
STREET ADDRESS 1111 N. WESTSHORE BLVD #608
CITY-ST-ZIP TAMPA FL

DELETE

TITLE VD
NAME PIATEK, EUGENE S
STREET ADDRESS 6637 SUPERIOR AVE STE C
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VD
12 NAME Frank M. Brocato
13 STREET ADDRESS 1111 N. Westshore Blvd. 608
14 CITY-ST-ZIP TAMPA, FL 33607

Change Addition

21 TITLE VD
22 NAME Becky Cherney
23 STREET ADDRESS 600 Lake Ellenor Dr. #251
24 CITY-ST-ZIP Orlando, FL 32809

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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

Frank M. Brocato, Director
1/29/96 (813) 281-5665
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)