

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 # N20312
1. Corporation Name

Florida S.A.R.D., Inc

100001929951
-08/22/96--01015--020
***70.00

Principal Place of Business

Mailing Address

702 S.E. Streamlet Ave.,
Port St. Lucie, Fl. 34983

3. Date Incorporated or Qualified March 1988	3a. Date of Last Report Dec 95
4. FEI Number 72990930558	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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

Shirley E. Conti MSW Director
702 S.E. Streamlet Ave.,
Port St. Lucie, Fl. 34983

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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 title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	12. NAME	
STREET ADDRESS	Daryll Heysham Director	13. STREET ADDRESS	
CITY-ST-ZIP	400 W. 43rd., St.N.Y. 10036	14. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul S. Conti Director	22. NAME	
STREET ADDRESS	702 S.E. Streamlet Ave.,	23. STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Fl. 34983	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex West Trustee	32. NAME	
STREET ADDRESS	3484 Coventry Pl.	33. STREET ADDRESS	
CITY-ST-ZIP	Holland P.A	34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Margaret Corregan Trustee	42. NAME	
STREET ADDRESS	1561 Gurley Ct.	43. STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Fl. 34952	44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Garry Nutt Trustee	52. NAME	
STREET ADDRESS	2581 Westmoreland Blvd.,	53. STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Fl. 34983	54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mrs. Shirley Miller Trustee	62. NAME	
STREET ADDRESS	10032 U.S.1	63. STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, Fl. 34950	64. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEW. IS. 8/19/96 561-337-3600

CR2E037 (12/95)