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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22125 (1)
1. Corporation Name
FARQUHARSON ACLF INC.



Principal Place of Business Mailing Address

EVELYN FARQUHARSON 4363 NW 202ST CAROL CITY FL 33055 US

EVELYN FARQUHARSON 4363 NW 202ST MIAMI FL 33055

2. Principal Place of Business 2a. Mailing Address

21 Evelyn Farquharson 26 4363 NW 202 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Carol City 27 m. Fla
City & State City & State

23 33055-1529 U.S. 28 33055 - U.S.A.
Zip Country Zip Country

3. Date Incorporated or Qualified
08/19/1987

4. FEI Number Applied For
NOT APPLICABLE 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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

FARQUHARSON, EVELYN
4363 NW 202ST
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name Evelyn Farquharson

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 EVELYN FARQUHARSON President 4-21-1998

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARQUHARSON, EVELYN	
STREET ADDRESS	4363 NW 202ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKINSON, KEITH	
STREET ADDRESS	20195 SW 190 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARQUARSON, DAVID	
STREET ADDRESS	1900 SAN SOUCIA BLVD, 1405	
CITY-ST-ZIP	MIAMI FL	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Evelyn Farquharson	
1.3 STREET ADDRESS	4363 NW 202 ST	
1.4 CITY-ST-ZIP	Carol City m. Fla 33055	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Parkinson Keith	
2.3 STREET ADDRESS	20195 SW 190 ST	
2.4 CITY-ST-ZIP	m. Fla	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Farquharson David	
3.3 STREET ADDRESS	1900 San Soucia Blvd 1405	
3.4 CITY-ST-ZIP	m. Fla	
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 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: EVELYN FARQUHARSON 4-21-98 305 624-6092

CR2E037 (10/97)