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Jan 15 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 # N24167 (1) 1. Corporation Name E.A.S.E. FOUNDATION, INC.					
Principal Place of Business 6591 SW 45TH STREET C/O JAMES E. KLEINRICHERT DAVIE FL 33314			Mailing Address 6591 SW 45TH STREET C/O JAMES E. KLEINRICHERT DAVIE FL 33314		
2. Principal Place of Business 21 6500 NOVA DRIVE Suite, Apt. #, etc. 22 City & State 23 DAVIE FL Zip 24 33317		2a. Mailing Address 26 6500 NOVA DRIVE Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL Zip 29 33317		Country 25 Broward 30 Broward	
9. Name and Address of Current Registered Agent KLEINRICHERT, JAMES E. 6255 STERLING RD. DAVIE FL 33314					
10. Name and Address of New Registered Agent 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 title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	OWEN, LINDA J.				
STREET ADDRESS	6591 SW 45TH STREET				
CITY-ST-ZIP	DAVIE FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	CADY, CHARLES				
STREET ADDRESS	4431 SW 64TH AVE				
CITY-ST-ZIP	DAVIE FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	DEL BORRELLO, MARY				
STREET ADDRESS	4725 SW 62 AVENUE, #5-203				
CITY-ST-ZIP	DAVIE FL 33314				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KLEINRICHERT, JIM				
STREET ADDRESS	6255 STERLING ROAD				
CITY-ST-ZIP	DAVIE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DEAN, SUSAN				
STREET ADDRESS	6591 SW 45TH STREET				
CITY-ST-ZIP	DAVIE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DIXON, ROSETTA				
STREET ADDRESS	1773 N STATE ROAD 7				
CITY-ST-ZIP	LAUDERHILL FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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					



3. Date incorporated or Qualified 12/30/1987	
4. FEI Number 65-0050648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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:

Linda J. Owen 1/6/98 954-797-1077

CR2E037 (10/97)