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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27698** (2)

1. Corporation Name

CORAL GABLES ORCHID SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 56-0092
MIAMI FL 33256-7092

P O BOX 56-0092
MIAMI FL 33256-7092

3. Date Incorporated or Qualified

08/02/1988

4. FEI Number

65-0047759

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUND, WALTER C. SR.
8005 SW 89TH ST
MIAMI FL 33156

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEHECKA, KATHLEEN M	
STREET ADDRESS	6537 SW 152 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUND, WALTER	
STREET ADDRESS	8005 SW 89TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, WILLIAM C	
STREET ADDRESS	1110 NE 91ST ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	LANGFORD, GALE W	
STREET ADDRESS	19521 WEST LAKE DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	EBER, BETTY	
STREET ADDRESS	4975 SW 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, LINDA	
STREET ADDRESS	7982 SW 186TH ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edna Button	
1.3 STREET ADDRESS	30975 SW 214 AVE	
1.4 CITY-ST-ZIP	Homestead FL 33030	

2.1 TITLE	treasurer	<input checked="" 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	Director	<input checked="" 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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Russel E. Curtis	
6.3 STREET ADDRESS	3410 Torremolinos Ave	
6.4 CITY-ST-ZIP	MIAMI, FL 33122	

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 **Walter C. Lund** REQUIRED

1/7/98 305-598-8719

CR2E037 (10/97)