

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28849 (0)
1. Corporation Name
THE BODY POSITIVE RESOURCE CENTER, INC.



Principal Place of Business Mailing Address
% DORIS FEINBERG % DORIS FEINBERG
175 NE 36 ST 175 NE 36 ST
MIAMI FL 33137-3624 MIAMI FL 33137-3624

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 SAME		26 SAME		10/13/1988		04/25/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0077571		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		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

FEINBERG, DORIS
175 NE 36 ST
MIAMI FL 33140

81 Name	SAME
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1.1 TITLE	D/P	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, DORIS	1.2 NAME	DORIS FEINBERG		
STREET ADDRESS	1932 TEMPLE DR.	1.3 STREET ADDRESS	821 MAYFIELD AVE		
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
TITLE	DS	2.1 TITLE	DS, SECRETARY	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, MANUEL	2.2 NAME	HURST, CLINT		
STREET ADDRESS	10839 N.W. 7TH ST. APT. #21	2.3 STREET ADDRESS	501 S.E. 12TH STREET		
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33316		
TITLE	DS	3.1 TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, TROY	3.2 NAME			
STREET ADDRESS	1439 WEST AVE. APT. #501	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE	DS, TREASURER	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WALDER, GREG		
STREET ADDRESS		4.3 STREET ADDRESS	4129 NORTH MERIDIAN AVENUE		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140		
TITLE		5.1 TITLE	DS	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	BONDY, DARREN		
STREET ADDRESS		5.3 STREET ADDRESS	1061 MICHIGAN AVENUE #2		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139		
TITLE		6.1 TITLE	DS	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	HYER, LARRY		
STREET ADDRESS		6.3 STREET ADDRESS	2575 LAKE AVENUE		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140		

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

DORIS FEINBERG, PRESIDENT

June 7, 1996, (305) 576-1111
(407) 644-3282
BONDA OF DIRECTORS MEMBER

0007159

CP2E037 (3/96)