

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

1995
AMERICAN REPORT



SEP 11 1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28921** (7)

SOUTH FLORIDA RESEARCH COUNCIL, INC.

DATE OF NEXT FILING PERIOD

21. Principal Office Location 2055 LEE STREET HOLLYWOOD FL 33020 US		2a. Mailing Address 2055 LEE STREET HOLLYWOOD FL 33020 US		3. Date incorporated or qualified 10/19/1988	3a. Date of Last Report 08/18/1994
22. State of Incorporation FL		27. State of Mailing Address FL		4. File Number 65-0126433	Applies For Not Applicable
23. City, County, and State Hollywood, Dade, FL		28. City, County, and State Hollywood, Dade, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Name of Agent SWORDS, DIANA		29. Name of Agent SWORDS, DIANA		6. Director/Secretary Election of Type of Corporation <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Address of Agent 2055 LEE STREET SUITE 2300 HOLLYWOOD FL 33020		30. Address of Agent 2055 LEE STREET SUITE 2300 HOLLYWOOD FL 33020		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
				8. This corporation has liability for intangible tax under FS 199.034 Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWORDS, DIANA 2055 LEE STREET SUITE 2300 HOLLYWOOD FL 33020				81. Name			
				82. Street Address - P.O. Box Number or Post Office			
				83. City			
				84. State	FL	85. Zip Code	

11. By filing this statement of officers and directors of this Florida corporation, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent in accordance with the Statute of Florida. Each Director who has authorized this corporation to file this statement certifies the appointment of a registered agent. Each Director who has authorized the corporation to file this statement certifies that the corporation is in compliance with the Statute of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
NAME: SD SWORDS, DIANA ADDRESS: 2055 LEE STREET HOLLYWOOD FL D	NAME: _____ ADDRESS: _____
NAME: FOSTER, YOLANDA ADDRESS: 8900 NW 18 TERRACE MIAMI FL 33172	NAME: _____ ADDRESS: _____
NAME: PD FRAZIER, BETTY ADDRESS: 1401 79TH STREET COUSEWAY MIAMI FL	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____

14. I, the undersigned, certify that the above information is true and correct and that the corporation shall pay the same penalties for failure to file this statement as provided by law. I, the undersigned, certify that the corporation is in compliance with the Statute of Florida.

SIGNATURE: *Betty Frazier*
SIGNATURE AND FILED OR INCORPORATED NAME OF REGISTERED OFFICER OR DIRECTOR