

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Sep 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28921 (7)
 1. Corporation Name
SOUTH FLORIDA RESEARCH COUNCIL, INC.



Principal Place of Business 2055 LEE STREET HOLLYWOOD FL 33020 US	Mailing Address 2055 LEE STREET HOLLYWOOD FL 33020 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1988	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business 21 3900 Biscayne Blvd	2a. Mailing Address 26 3900 Biscayne Blvd	4. FEI Number 65-0126433	Applied For <input type="checkbox"/> Not Applicable
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22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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23. City & State MIAMI	28. City & State MIAMI	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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24. Zip 33137	25. Country	29. Zip 33137	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SWORDS, DIANA 2055 LEE STREET SUITE 2300 HOLLYWOOD FL 33020		10. Name and Address of New Registered Agent 81 Name CARMEN DIAZ 82 Street Address (P.O. Box Number is Not Acceptable) 3900 Biscayne Blvd 83 84 City MIAMI, FL 85 Zip Code 33137	
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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: **Betty FRAZIER, PRESIDENT** *Betty Frazier* DATE: **9/8/97**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SD	<input type="checkbox"/>
NAME	SWORDS, DIANA	
STREET ADDRESS	2055 LEE STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/>
NAME	FOSTER, YOLANDA	
STREET ADDRESS	8900 NW 18 TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PD	<input type="checkbox"/>
NAME	FRAZIER, BETTY	
STREET ADDRESS	1401 79TH STREET GOUSEWAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CARMEN DIAZ		
1.3 STREET ADDRESS	3900 Biscayne Blvd		
1.4 CITY-ST-ZIP	MIAMI, FL 33137		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	FRAZIER, BETTY		
3.3 STREET ADDRESS	316 N. MIAMI AVE		
3.4 CITY-ST-ZIP	MIAMI, FL 33128		
4.1 TITLE	SWORDS, DIANA (D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	SWORDS, DIANA (D)		
4.3 STREET ADDRESS	2055 Lee Street		
4.4 CITY-ST-ZIP	Hollywood, FL 33020		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *Betty Frazier* DATE: **9/8/97** **305-789-4172**

CR2E037 (4/97)