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May 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N29057 (9)  
1. Corporation Name  
THE RETT SYNDROME ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

%DAVID STONE, ESQUIRE  
100 SE 2ND ST., STE 2100  
MIAMI FL 33131

%DAVID STONE, ESQUIRE  
100 SE 2ND ST., STE 2100  
MIAMI FL 33131-2151

3. Date Incorporated or Qualified  
10/31/1988

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

STONE, DAVID  
100 SE 2ND ST., STE 2100  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME ALBIN, JANICE ELIZABETH  
STREET ADDRESS 18155 BISCAYNE BLVD.  
CITY - ST - ZIP N. MIAMI BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VD  
NAME ALBIN, ERIC UPSETT  
STREET ADDRESS 18155 BISCAYNE BLVD.  
CITY - ST - ZIP N. MIAMI BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE TD  
NAME LASKIN, RONI D.  
STREET ADDRESS 2335 NE 195TH STREET  
CITY - ST - ZIP N. MIAMI BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE PD  
NAME WALLACH, LEAH F.  
STREET ADDRESS 611 SW 64TH WAY  
CITY - ST - ZIP HOLLYWOOD FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D  
NAME GOTTLIEB, BARBARA C.  
STREET ADDRESS PO BOX 630082  
CITY - ST - ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D  
NAME STONE, DAVID  
STREET ADDRESS 100 SE 2ND STREET  
CITY - ST - ZIP MIAMI FL

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026434

CR2E037 (9/96)