


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
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DOCUMENT # N34721 (3)
1. Corporation Name
THE BUHL FOUNDATION, INC.

Principal Place of Business 11683 WIMBLEDON CIRCLE WEST PALM BEACH FL 33414	Mailing Address 11683 WIMBLEDON CIRCLE WEST PALM BEACH FL 33414
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1989	3a. Date of Last Report 01/31/1995
21 Suite, Apt. #, etc.	26 114 Greene Street	4. FEI Number 13-6937849		Applied For Not Applicable	
22 City & State	27 New York, NY	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 10012	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 USA	30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BUHL, C. HENRY, III 11683 WIMBLEDON CIRCLE WEST PALM BEACH FL 33414		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	DP BUHL, C. HENRY, III 11683 WIMBLEDON CIRCLE WEST PALM BEACH FL	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	D MERRITT, RAYMOND W. %153 E 53 ST., 1 CITICORP NEW YORK NY	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
NAME	STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP	D SCHMIDT, PETER W %153 E 53 ST., 1 CITICORP NEW YORK NY	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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

6/18/96 212-274-0100
Date Daytime Phone #

CR2E037 (3/96)