

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37565

(1)

1. Corporation Name

I MADE A DIFFERENCE, INC.



Principal Place of Business

Mailing Address

5093 NW 86 WAY
#1001 ONE DATRAN CTR. 9100 S. DADELAND BLVD
CORAL SPRINGS FL 33067
US

5093 NW 86 WAY
#1001 ONE DATRAN CTR. 9100 S. DADELAND BLVD
CORAL SPRINGS FL 33067
US

3. Date Incorporated or Qualified

04/06/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2139 UNIVERSITY DRIVE

2a. Mailing Address

26 2139 UNIVERSITY DRIVE

4. FEI Number

65-0341333

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27 SUITE 300

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 CORAL SPRINGS

City & State

28 CORAL SPRINGS

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 33071

Country

25 US

Zip

29 33071

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINBERG, STEVEN A.
8000 PETERS ROAD
ONE DATTAN CENTER, 9100 S. DADELAND BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	WOLF, ROBERT HARRIS	5093 N.W. 86TH WAYH	CORAL SPRINGS FL	<input type="checkbox"/>
D	ANCHEL, EDWARD	12515 N. KENDALL DR.	MIAMI FL	<input type="checkbox"/>
D	MARDER, MARK A.	9100 S. DADELAND BLVD.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ROBERT HARRIS WOLF

4-18-96

954-752-4434

Date

Daytime Phone #

CR2E037 (12/95)