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Mar 11 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 # N39696 (2)

1. Corporation Name

U.Y.O. SCHOLARSHIP FUND OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

18305 BISCAYNE BLVD  
STE 401  
MIAMI FL 33160  
US

18305 BISCAYNE BLVD  
STE 401  
MIAMI FL 33160-2172  
US

3. Date Incorporated or Qualified  
08/24/1990

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 260 COVENTRY ST  
Suite, Apt #, etc.

26 260 COVENTRY ST  
Suite, Apt #, etc.

4. FEI Number  
65-0216576

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Boca Raton, FL  
City & State

28 Boca Raton, FL  
City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33487  
Zip

25 Palm Beach  
Country

29 33487  
Zip

30 Palm Beach  
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

SELLE, VIVIANNE H.  
260 COVENTRY STREET  
BOCA RATON FL 33487

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 PD  DELETE  
NAME SPEARS, DIANE  
STREET ADDRESS P.O. BOX 4203 NA  
CITY-ST-ZIP BOCA RATON FL

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

TITLE D  DELETE  
NAME TROOP, SUSIE  
STREET ADDRESS 901 SW 94TH AVENUE  
CITY-ST-ZIP PLANTATION FL

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

TITLE D  DELETE  
NAME HOMRICH, RITA  
STREET ADDRESS RT ONE, BOX 328 N/A  
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE SD  DELETE  
NAME BETTIS, ROBBIN  
STREET ADDRESS 588 TIVOLI TRACE CIRCLE #106  
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE TD  DELETE  
NAME SELLE, VIVIANNE H.  
STREET ADDRESS 260 COVENTRY STREET  
CITY-ST-ZIP BOCA RATON FL

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

TITLE VPD  DELETE  
NAME NERENBERG, HARAY  
STREET ADDRESS 13108 SW 90 PL  
CITY-ST-ZIP MIAMI FL 33176

6.1 TITLE  Change  Addition  
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

2/28/97 (511)659-1970  
Date Daytime Phone # 00211534

CFR2E037 (9/96)