

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41402 (1)

1. Corporation Name
ASSOCIATION FOR DEATH EDUCATION & COUNSELING - SOUTH FLORIDA CHAPTER, INC.



Principal Place of Business
**1346 POLK STREET
HOLLYWOOD FL 33019
US**

Mailing Address
**1346 POLK STREET
HOLLYWOOD FL 33019
US**

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
08/23/1995

2. Principal Place of Business
21 **20191 E. COUNTRY CLUB DRIVE**
Suite, Apt. #, etc. **TH-1**
City & State **AVENTURA FL**
Zip **33180** Country **US**

2a. Mailing Address
26 **20191 E. COUNTRY CLUB DR**
Suite, Apt. #, etc. **TH-1**
City & State **AVENTURA FL**
Zip **33180** Country **US**

4. FEI Number
65-0326436

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
**RUSSELL LAURALEI
1346 POLK STREET
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent
81 Name **BARRY S. KAPLAN**
82 Street Address (P.O. Box Number is Not Acceptable) **20191 E. COUNTRY CLUB DR**
83 **TH-1**
84 City **AVENTURA** FL 85 Zip Code **33180**

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 *Barry S Kaplan* **BARRY S. KAPLAN** **4/9/96**
Signature of or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNS, CAROL	
STREET ADDRESS	7593 SW 96TH CT.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRANT, ANN	
STREET ADDRESS	901 CYPRESS GROVE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	STAUBER, PAT	
STREET ADDRESS	2524 REGATTA AVE.	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOFSTADTER, SHIRLEY	
STREET ADDRESS	2150 SANS SOUCI BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, LAURALEI	
STREET ADDRESS	1346 POLK STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TD KAPLAN, BARRY
53 STREET ADDRESS	20191 E. COUNTRY CLUB DR. #TH-1
54 CITY-ST-ZIP	AVENTURA FL 33180
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Barry S Kaplan* **BARRY S. KAPLAN** **4/9/96** **305/936-8870**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)