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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41402 (1)
 Corporation Name
ASSOCIATION FOR DEATH EDUCATION & COUNSELING - SOUTH FLORIDA CHAPTER, INC.



Principal Place of Business 20191 E COUNTRY CLUB DR TH-1 AVENTURA FL 33180 US	Mailing Address 20191 E COUNTRY CLUB DR TH-1 AVENTURA FL 33180 US
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3. Date Incorporated or Qualified 12/19/1990		
4. FEI Number 65-0326436	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 28		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent
KAPLAN, BARRY S
20191 E COUNTRY CLUB DR TH-1 AVENTURA FL 33180

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: *Barry Kaplan* DATE: *3/23/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BERNS, CAROL	1.1 TITLE PD (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7593 SW 96TH CT.	CITY-ST-ZIP MIAMI FL 33173	1.2 NAME	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS ANN GRANT	
TITLE S	NAME GRANT, ANN	1.4 CITY-ST-ZIP 901 CYPRESS GROVE DRIVE	
STREET ADDRESS 2150 SANS SOUCI BLVD.	CITY-ST-ZIP POMPANO BEACH FL 33069	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE DD	NAME STAUBER, PAT	2.3 STREET ADDRESS	
STREET ADDRESS 2524 REGATTA AVE.	CITY-ST-ZIP MIAMI FL 33140	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.5 TITLE	
TITLE S	NAME HOFSTADTER, SHIRLEY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2150 SANS SOUCI BLVD.	CITY-ST-ZIP NORTH MIAMI BEACH FL 33181	3.2 NAME	
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	
TITLE TD	NAME KAPLAN, BARRY	3.4 CITY-ST-ZIP	
STREET ADDRESS 20191 E COUNTRY CLUB DR TH-1	CITY-ST-ZIP AVENTURA FL	4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME JENNIFER KAYE	
TITLE		4.3 STREET ADDRESS 640 DE 98th ST	
NAME		4.4 CITY-ST-ZIP MIAMI SHORES FL 33136	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE 500002475295	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS -04/01/98--01022--018	
CITY-ST-ZIP		6.4 CITY-ST-ZIP ***61.25	

CR2E037 (10/97)

14. I 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: *Barry Kaplan* DATE: *3/16/98* *305 936 8870*