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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)

1. Corporation Name

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



Principal Place of Business	Mailing Address
20191 E COUNTRY CLUB DR TH-1 AVENTURA FL 33180 US	20191 E COUNTRY CLUB DR TH-1 AVENTURA FL 33180 US

3. Date Incorporated or Qualified	12/19/1990
4. FEI Number	65-0326436
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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	

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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BERNS, CAROL
STREET ADDRESS	7593 SW 96TH CT.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> DELETE
NAME	GRANT, ANN
STREET ADDRESS	901 CYPRESS GROVE DRIVE - President
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	DD <input type="checkbox"/> DELETE
NAME	STAUBER, PAT Director
STREET ADDRESS	2524 REGATTA AVE.
CITY-ST-ZIP	MIAMI FL 33140
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HOFSTADTER, SHIRLEY
STREET ADDRESS	2150 SANS SOUCI BLVD.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181
TITLE	TD <input type="checkbox"/> DELETE
NAME	KAPLAN, BARRY Treasurer
STREET ADDRESS	20191 E COUNTRY CLUB DR TH-1
CITY-ST-ZIP	AVENTURA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANN GRANT
1.3 STREET ADDRESS	901 CYPRESS GROVE DRIVE
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33069
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JENNIFER KAYE Secretary
4.3 STREET ADDRESS	640 NE 98TH ST
4.4 CITY-ST-ZIP	MIAMI SHORES FL 33136
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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* 3/16/98 305 936 8870

CR2E037 (10/97)