

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42193 (5)
1. Corporation Name
POST POLIO SYNDROME SUPPORT GROUP OF GREATER FOR T LAUDERDALE, INC.



Principal Place of Business 3208 CARMABOLA CIR. #C2909 SOUTH COCONUT CREEK FL 33066	Mailing Address 3208 CARMABOLA CIR. #C2909 SOUTH COCONUT CREEK FL 33066-2144
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1991	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0254465	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOLDBERG, JULIUS 10310 E. CLAIRMONT CIR. TAMARAC FL 33361				10. Name and Address of New Registered Agent				
				81. Name				
				82. Street Address (P.O. Box Number is Not Acceptable)				
				83. City				
				84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, JULIUS	1.2 NAME	
STREET ADDRESS	10310 E. CLAIRMONT CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, PAT	2.2 NAME	
STREET ADDRESS	3012 SW 51 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHLER, EUNICE	3.2 NAME	
STREET ADDRESS	1791 NW 60TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDO, DOROTHY	4.2 NAME	
STREET ADDRESS	10368 NW 24 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDO, EMANUEL	5.2 NAME	
STREET ADDRESS	10368 NW 24 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33321	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIVOGEL, PAULA	6.2 NAME	
STREET ADDRESS	111216 SPRING CIRCLE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	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: *Julius Goldberg* 2/17/97

CR2E037 (9/96)