

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 SEP 30 PM 1:31

DOCUMENT # N42193

1. Corporation Name  
 POST POLIO SYNDROME SUPPORT GROUP OF GREATER FOR  
 T LAUDERDALE, INC.

Principal Place of Business  
~~600 AMPELOT ST~~  
 LAUDERDALE FL 33013

Mailing Address  
 600 AMPELOT ST  
 LAUDERDALE FL 33313  
 U.S.



2. Principal Place of Business 21 10310 E CLAIMONT Cir Suite, Apt. #, etc.	2a. Mailing Address 26 10310 E CLAIMONT Cir Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/20/1991
22 City & State 23 TAMARAC FLA Zip 24 333V1	27 City & State 28 TAMARAC FLA Zip 29 333V1	4. FEI Number 65-0254465
25 BRAVANA	30 BLUWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent DORINE SHIRINIAN SPIE 600 AMPELOT ST LAUDERDALE FL 33313		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name Julius Goldberg	85 Zip Code 333V1
82 Street Address (P.O. Box Number is Not Acceptable) 10310 E CLAIMONT CIR.	
83	
84 City TAMARAC	85 Zip Code 333V1

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: *Julius Goldberg* DATE: 9/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIHLER, EUNICE		12 NAME	
STREET ADDRESS 9580 WELDON CIR		13 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL 33321		14 CITY-ST-ZIP	700003006457-31
TITLE V/D	<input type="checkbox"/> DELETE	21 TITLE	-10/05/99--01106-018
NAME FORD, PAT		22 NAME	*****61.25 *****61.25
STREET ADDRESS P O BOX 15824		23 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33318		24 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUDO, EMANUEL		32 NAME	
STREET ADDRESS 10368 NW 24TH PL		33 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33321		34 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIEB, RUTH		42 NAME	
STREET ADDRESS 900 NE 18TH AVE 708		43 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33304		44 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	51 TITLE	TREGAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIEGL SHIRINIAN SPIE		52 NAME	Julius Goldberg
STREET ADDRESS 600 AMPELOT ST		53 STREET ADDRESS	10310 E CLAIMONT CIR
CITY-ST-ZIP LAUDERDALE FL 33313		54 CITY-ST-ZIP	TAMARAC, FLA 333V1
TITLE D	<input type="checkbox"/> DELETE	61 TITLE	
NAME FREIVOGEL, PAULA		62 NAME	
STREET ADDRESS 11216 SPRING CIR AVE		63 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33071		64 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, with all other like empowered.

SIGNATURE: *Julius Goldberg* DATE: 9/9/99 954 7VV 3759

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