


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 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 # **N43219** (7)

1. Corporation Name

THE MANATEE SURVIVAL FOUNDATION, INC.

Principal Place of Business POST OFFICE BOX 50005 LIGHTHOUSE POINT FL 33074 US	Mailing Address POST OFFICE BOX 50004 LIGHTHOUSE POINT FL 33074 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 50005</i>	3. Date Incorporated or Qualified 05/02/1991	3a. Date of Last Report 04/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0274586	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28 <i>Lighthouse Point</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
	Zip 29 <i>33074</i>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**GRAY, MARY ANNE
2101 NE 33 STREET
LIGHTHOUSE POINT FL 33084**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, MARY ANNE	1.2 NAME	
STREET ADDRESS	2101 NE 33RD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSNOW, ALLAN D.	2.2 NAME	
STREET ADDRESS	2101 NE 33RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEYER, W. WYNDHAM, JR.	3.2 NAME	
STREET ADDRESS	110 EAST BROWARD BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, KATHY	4.2 NAME	
STREET ADDRESS	3761 N.W. 109TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGLER, MARIE	5.2 NAME	
STREET ADDRESS	10039 RAMBLEWOOD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

CR2E037 (4/97)