

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44420 (0)
1. Corporation Name
ASSOCIATION OF RESPONSIBLE VENDOR ADMINISTRATORS, INC.



Principal Place of Business
**P.O. BOX 69-2982
MIAMI FL 33269-2982**

Mailing Address
**P.O. BOX 69-2982
MIAMI FL 33269-2982**

3. Date Incorporated or Qualified
07/25/1991

3a. Date of Last Report
11/09/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3079797		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHADROFF, LORI
111 PARK CENTRE BLVD. - CORRECTION:
SUITE 104
MIAMI FL 33169

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1111 PARK CENTRE BLVD.
83. City	
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, HORACE A	1.2 NAME	GREER, JAMES
STREET ADDRESS	1519-25 CAPITOL CIR NE	1.3 STREET ADDRESS	1900 PALM BAY RD NE #C
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADROFF, LORI	2.2 NAME	CHADROFF, LORI
STREET ADDRESS	1111 PARK CENTER BLVD. #104	2.3 STREET ADDRESS	1111 PARK CENTRE BLVD., #104
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, JAMES	3.2 NAME	MOODY, HORACE A
STREET ADDRESS	1900 PALM BAY ROAD NE #C	3.3 STREET ADDRESS	1519-25 CAPITOL CIR NE
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	500001817205 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-05/13/96--01002--016
STREET ADDRESS		5.3 STREET ADDRESS	***70.00
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

4-10-96 305-628-2428