


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N45379 (7)
1. Corporation Name
AFTER SCHOOL PROGRAMS INC.



| | |
|--|---|
| Principal Place of Business 7540 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068 | Mailing Address 7540 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068-1362 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/30/1991 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0321678 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**WOLNEK, ALAN
44 91 CRYSTAL LAKE DR.
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Wolnek Alan |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 7540 Southgate Blvd |
| 84 City North lauderdale FL |
| 85 Zip Code 33068 |

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

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WOLNEK, ALAN |
| STREET ADDRESS | 44 91 CRYSTAL LAKE DR. |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | COHN, ALLAN |
| STREET ADDRESS | 26 SAGAMORE WAY SO. |
| CITY-ST-ZIP | JERICO NY |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SKOLNICK, MICHAEL |
| STREET ADDRESS | 8205 SW 23RD CT |
| CITY-ST-ZIP | N LAUDERDALE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 | Wolnek Alan |
| 1.3 STREET ADDRESS | 7540 Southgate Blvd. |
| 1.4 CITY-ST-ZIP | North lauderdale FL 33068 |
| 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 type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)