

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45512** (3)

1. Corporation Name
NO-ABUSE, INC.

Principal Place of Business 1200 E. HILLCREST ST. #103 ORLANDO FL 32803	Mailing Address 1200 E. HILLCREST ST. #103 ORLANDO FL 32803
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3. Date Incorporated or Qualified 10/07/1991	
4. FEI Number 59-3089562	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BASIL, PAULA 1200 E. HILLCREST ST., #103 ORLANDO FL 32803		10. Name and Address of New Registered Agent	
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 PD	<input type="checkbox"/> DELETE	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BASIL, PAULA		1.2 NAME Timothy Terry	
STREET ADDRESS 1200 E. HILLCREST ST., #103		1.3 STREET ADDRESS 1200 E. Hillcrest St.	
CITY-ST-ZIP ORLANDO FL 32803		1.4 CITY-ST-ZIP Orlando, FL 32803	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASTORCK, JOYCE		2.2 NAME	
STREET ADDRESS 1200 E. HILLCREST ST., #103		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WORDEN, MARICEL		3.2 NAME	
STREET ADDRESS 1200 E. HILLCREST ST., #103		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUBBS, GEORGE		4.2 NAME	
STREET ADDRESS 1200 E. HILLCREST ST., #103		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODMAN, RAYMOND		5.2 NAME	
STREET ADDRESS 1200 E. HILLCREST ST., #103		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRISCALL, ROBERTA DR.		6.2 NAME	
STREET ADDRESS 1200 E. HILLCREST ST., #103		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32803		6.4 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.

SIGNATURE: SIGNATURE REQUIRED 1/12/98 407-895-7151

CR2E037 (10/97)