

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 # N47307 (6)

1. Corporation Name

THE PROLOGUE SOCIETY, INC.



Principal Place of Business

Mailing Address

C/O NORTHERN TRUST COMPANY
700 BRICKELL AVE
MIAMI FL

C/O NORTHERN TRUST COMPANY
700 BRICKELL AVE
MIAMI FL

3. Date Incorporated or Qualified
02/13/1992

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0334615

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES, INC.
COURTHOUSE CENTER
175 NW FIRST AVE #200
MIAMI FL 33128-9965**

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

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	C <input type="checkbox"/> DELETE
NAME	MCCABE, ARVA MOORE PAR
STREET ADDRESS	700 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARCHMAN, RAY E.
STREET ADDRESS	700 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GLUSS, RANDALL R.
STREET ADDRESS	700 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BRAYER, LISA MOORE
STREET ADDRESS	700 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEINTRAUB, ALBERT L.
STREET ADDRESS	5TH FLR, 2250 SW 3RD AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MATHESON, FINLAY B.
STREET ADDRESS	3898 SHIPPING AVENUE
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	Asst Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carlos Arrizurieta
4.3 STREET ADDRESS	700 Brickell Ave
4.4 CITY - ST - ZIP	Miami Fl. 33121
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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-1996 (305) 789-1188

Date

Daytime Phone #

CR2E037 (12/95)