

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

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

**DOCUMENT # N47851 (3)**  
1. Corporation Name  
**WOMEN AND CHILDREN 1ST., INC.**



|                                                                                             |                                                                                      |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>10800 BISCAYNE BLVD.<br/>SUITE 740<br/>MIAMI FL 33161</b> | Mailing Address<br><b>10800 BISCAYNE BLVD.<br/>SUITE 740<br/>MIAMI FL 33161-7494</b> |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

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

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/11/1992</b>                                                                                                      | 3a. Date of Last Report<br><b>06/21/1996</b>           |
| 4. FEI Number<br><b>65-0324317</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>                                                                                     | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>HOLLOMAN, MARILYN<br/>10800 BISCAYNE BLVD.<br/>SUITE 740<br/>MIAMI FL 33161</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |           |
|-------------------------------------------------------|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 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 *Marilyn Holoman, President* DATE **4/15/97**

| 12. OFFICERS AND DIRECTORS |                                                       |
|----------------------------|-------------------------------------------------------|
| TITLE                      | <b>PT</b> <input checked="" type="checkbox"/> DELETE  |
| NAME                       | <b>HOLLOMAN, MARILYN</b>                              |
| STREET ADDRESS             | <b>10800 BISCAYNE BLVD., SUITE 740</b>                |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                       |
| TITLE                      | <b>VPT</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>NICKERSON, INGE</b>                                |
| STREET ADDRESS             | <b>11300 NE SECOND AVE</b>                            |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                       |
| TITLE                      | <b>VPT</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>BRANCUCCI, TERRI</b>                               |
| STREET ADDRESS             | <b>11755 BISCAYNE BLVD</b>                            |
| CITY-ST-ZIP                | <b>N MIAMI FL</b>                                     |
| TITLE                      | <b>ST</b> <input checked="" type="checkbox"/> DELETE  |
| NAME                       | <b>MORSE, VICKI</b>                                   |
| STREET ADDRESS             | <b>9300 DUNHILL DR</b>                                |
| CITY-ST-ZIP                | <b>MIRAMAR FL</b>                                     |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE              |
| NAME                       | <b>SHOWALTER, ROSLYN</b>                              |
| STREET ADDRESS             | <b>255 NW 120TH ST</b>                                |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                       |
| TITLE                      | <b>ST</b> <input checked="" type="checkbox"/> DELETE  |
| NAME                       | <b>SHOWALTER, ROSLYN</b>                              |
| STREET ADDRESS             | <b>255 NW 120 ST.</b>                                 |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                            |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <b>P/ITR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 1.2 NAME                                              | <b>HOLLOMAN, MARILYN</b>                                                                   |
| 1.3 STREET ADDRESS                                    | <b>10800 Biscayne Blvd, Ste 740</b>                                                        |
| 1.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33161</b>                                                                      |
| 2.1 TITLE                                             | <b>VPT TR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>NICKERSON, Inge</b>                                                                     |
| 2.3 STREET ADDRESS                                    | <b>11300 NE 2ND AVE</b>                                                                    |
| 2.4 CITY-ST-ZIP                                       | <b>MIAMI FL</b>                                                                            |
| 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                                             | <b>STR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 4.2 NAME                                              | <b>ASHE, ESTHER</b>                                                                        |
| 4.3 STREET ADDRESS                                    | <b>10800 Biscayne Blvd, Ste 740</b>                                                        |
| 4.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33161</b>                                                                      |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 5.2 NAME                                              | <b>T/ITR</b>                                                                               |
| 5.3 STREET ADDRESS                                    | <b>SHOWALTER, ROSLYN</b>                                                                   |
| 5.4 CITY-ST-ZIP                                       | <b>255 NW 120 ST</b>                                                                       |
| 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 in changed, or on an attachment with an address.

SIGNATURE *Marilyn Holoman* DATE **4/15/97**

CR2E037 (9/96)