

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 05 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 # **N48108** (7)
 1. Corporation Name
FONTANEDA SOCIETY, INC.



Principal Place of Business BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	Mailing Address BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301
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3. Date Incorporated or Qualified 03/30/1992	
4. FEI Number 65-0428440	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 type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HALLIGAN, SHIRLEY
 BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE
 100 SOUTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
 81 Name **HARRIET BUCHBINDER**
 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 *Harriet Buchbinder* **HARRIET BUCHBINDER** **July 28, 1998**
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 PD	<input type="checkbox"/> DELETE
NAME CHESLER, EARL	
STREET ADDRESS 1711 CORAL RIDGE DR.	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME BING, MARGARET	
STREET ADDRESS 1940 NE 28TH AVE.	
CITY-ST-ZIP POMPANO BEACH FL 33062	
TITLE T	<input type="checkbox"/> DELETE
NAME COOPER, BARBARA	
STREET ADDRESS 936 INTRACOASTAL DR. 6D	
CITY-ST-ZIP FT. LAUDERDALE FL 33304	
TITLE VD	<input type="checkbox"/> DELETE
NAME ROLLINS, LINDA	
STREET ADDRESS 340 SUNSET DR. 403	
CITY-ST-ZIP FT. LAUDERDALE FL 33301	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ARTHUR DUNKELMAN c/o KISLAK FOUND.	
1.3 STREET ADDRESS 7900 MIAMI LAKES DR, WEST	
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33016	
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 TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME OTTO YOUNG	
3.3 STREET ADDRESS 4250 GALT OCEAN DR, #14B	
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308	
4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME CATHERINE LUCAS	
4.3 STREET ADDRESS 3840 NW 108TH DR	
4.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Margaret Bing* **Margaret Bing** **July 24, 1998** **954-357-8243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)