


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49824** (8)

1. Corporation Name

**SEXUAL ASSAULT NURSE EXAMINERS, INC.**



Principal Place of Business <b>1643 SUNBURST WAY KISSIMMEE FL 34744 US</b>	Mailing Address <b>1643 SUNBURST WAY KISSIMMEE FL 34744-3717 US</b>
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3. Date Incorporated or Qualified <b>07/09/1982</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business 21 <b>1910 MATHIS RD.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1910 MATHIS RD.</b> Suite, Apt. #, etc.
22 City & State 23 <b>ST. CLOUD, FLORIDA</b>	27 City & State 28 <b>ST. CLOUD, FLORIDA</b>
24 Zip <b>34771</b>	25 Country <b>U.S.A.</b>
29 Zip <b>34771</b>	30 Country <b>U.S.A.</b>

4. FEI Number <b>59-3133488</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**COX, SARAH  
1643 SUNBURST WAY  
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name <b>PAMELA STEIOFF</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1910 MATHIS RD.</b>
83
84 City <b>ST. CLOUD</b>
85 Zip Code <b>FL 34771</b>

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 *Pamela Steioff*

(NOTE: Registered Agent signature required when reinstalling)

DATE **3/4/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COX, SARAH</b>		1.2 NAME <b>PAMELA STEIOFF</b>	
STREET ADDRESS <b>1643 SUNBURST WAY</b>		1.3 STREET ADDRESS <b>1910 MATHIS RD</b>	
CITY-ST-ZIP <b>KISSIMMEE FL</b>		1.4 CITY-ST-ZIP <b>ST. CLOUD, FLA 34771</b>	
TITLE <b>TST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>JUDITH BEDNAR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STEIOFF, PAM</b>		2.2 NAME <b>VICE PRESIDENT, SECRETARY, TREASURER</b>	
STREET ADDRESS <b>9114 WINDJAMMER</b>		2.3 STREET ADDRESS <b>3236 TIMUCUA CR.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP <b>ORLANDO, FLA 32837</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MIRANTI, JOSEPH</b>		3.2 NAME	
STREET ADDRESS <b>714 W. BRYAN STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EDDY, DONNA</b>		4.2 NAME	
STREET ADDRESS <b>20 S. ROSE, SUITE 2</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATEL, BARRY</b>		5.2 NAME	
STREET ADDRESS <b>591 OAK COMMONS BLVD, SUITE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Pamela Steioff* **PAMELA STEIOFF** 3/4/97 (407) 891-9312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069955

CR2E037 (9/96)