

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49981 (6)
 1. Corporation Name
BIRCH PARK FINGER STREETS ASSOCIATION, INC.



Principal Place of Business 4875 N FEDERAL HWY 10TH FLOOR FT LAUDERDALE FL 33308	Mailing Address 4875 N FEDERAL HWY 10TH FLOOR FT LAUDERDALE FL 33308-4626
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3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 01/31/1996
4. FEI Number 65-0354048	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**MORRISON, RICHARD W.
 4875 N FEDERAL HWY
 10TH FLOOR
 FT LAUDERDALE FL 33308**

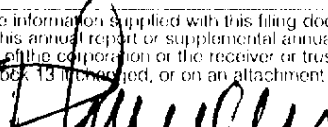
10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

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 _____ (NEED Registered Agent signature removed when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, RICHARD W.	1.2 NAME	
STREET ADDRESS	4875 N FEDERAL HWY 10 FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MOLLIE MCCLURE	2.2 NAME	
STREET ADDRESS	1541 N. ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, MARLENE	3.2 NAME	
STREET ADDRESS	3320 N.E. 16TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, STEPHAN P.	4.2 NAME	
STREET ADDRESS	7 SE 13 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHAR, RICHARD	5.2 NAME	
STREET ADDRESS	4401 W TRADEWINDS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL	5.4 CITY-ST-ZIP	
TITLE		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 unchanged, or on an attachment with an address.

SIGNATURE:  Richard W. Morrison, President 1/22/97

CR2E037 (9/96)