FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 JUL -1 AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N50560 (4)

1 Corporation Name

THE SOUTH FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINERS

Principal Place of Business	Mailing Address
% LOU ANN BRECKENRIDGE 4840 SW 135 PLACE MIAMI FL 33175	~~C/O LUONGO, VINCENT 935 TYLER ST HOLLYWOOD FL 33019 US~~

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified	3a. Date of Last Report
08/24/1992	12/08/1994

4. FEI Number: 65-0163680 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [✓] — **$68.75** Supplemental Fee Not Required

8. This corporation has elected ... Florida Statutes [ ] Yes [✓] No

2. Principal Office of Business	2a. Mailing Address
21	26 c/o Lou Ann Breckenridge
22 Suite, Apt. # etc.	27 Suite, Apt. # etc. 4840 S.W. 135th Place
23 City & State	28 City & State Miami, FL
24 25	29 33175 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRECKENRIDGE, LOUANN 4840 SW 135TH PLACE MIAMI FL 33175	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 607.0502 and 617.0502, 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 607.0505, Florida Statutes.

SIGNATURE

12. Title	Officers and Directors	13. Additions/Changes to Officers and Directors
TITLE	D	[ ] Change [ ] Addition
NAME	LUONGO, VINCENT	
STREET ADDRESS	935 TYLER ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	[ ] Change [ ] Addition
NAME	SEMMEL, LAWRENCE J.	
STREET ADDRESS	8041 NW 54 CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	[ ] Change [ ] Addition
NAME	MANNING, GEORGE	
STREET ADDRESS	621 N. 70 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	[ ] Change [ ] Addition
NAME	BRECKENRIDGE, LOUANN	
STREET ADDRESS	4840 SW 135TH PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	ST	[ ] Change [ ] Addition
NAME	JULSON, BILL	
STREET ADDRESS	10030 GRIFFIN ROAD	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	D	[ ] Change [ ] Addition
NAME	CAPIZZI, JOHN	
STREET ADDRESS	1859 N. PINE ISLAND RD., #271	
CITY-ST-ZIP	FT. LAUDERDALE FL 33322	

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(1)(k), Florida Statutes. I further certify that the information indicated on the 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 the 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: Bill Julson Sec/Treas — 2-8-95 — 305-434-7054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037062