
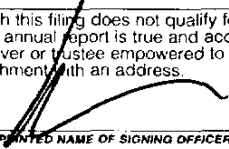


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000670 (1) 1. Corporation Name B.C.D.S. ALUMNI FOUNDATION OF FLORIDA, INC.					
Principal Place of Business 1069 MAIN ST SEBASTIAN FL		Mailing Address 1069 MAIN ST SEBASTIAN FL			
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		3. Date Incorporated or Qualified 12/07/1992 4. FEI Number 59-3160969 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		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		9. Name and Address of Current Registered Agent LULICH, STEVEN 1069 MAIN ST SEBASTIAN FL			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABELI, CRAIG P	1.2 NAME			
STREET ADDRESS	851 E STATE RD 434	1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EGGNATZ, LEE	2.2 NAME			
STREET ADDRESS	3705 GARFIELD ST	2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISCHER, HENRY A	3.2 NAME			
STREET ADDRESS	10725 US #1	3.3 STREET ADDRESS			
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEDINA, JOSE	4.2 NAME			
STREET ADDRESS	5002 NW 18TH PL	4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANLEY, HAROLD	5.2 NAME			
STREET ADDRESS	2 SEAOAKS TER	5.3 STREET ADDRESS			
CITY-ST-ZIP	OMOND BY THE SEA FL 32176	5.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODREAU, GEORGE	6.2 NAME			
STREET ADDRESS	516 N MCARTHUR AVE	6.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401	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:  HENRY A. FISCHER 4/28/98 561-589-8579					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020250					

CR2E037 (10/97)