FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N93000001826 (7)

INTERNATIONAL CENTER FOR THE SEARCH AND RECOVERY OF MISSING CHILDREN, INC.

OF MISSING CHILDREN, INC.				
Principal Place of Business		Mailing Address		T TAROLLI BITE ARTHER TAILLE ROTHL BRITT BRITT BRITT BRITT TRADE LEVER 1990 BRITT FRAN
\$456 HOFFNER AVE		5456 HOFFNER AVE		3. Date Incorporated or Qualified
202-24 ORLANDO FL 32812		202-204 OPI ANDO EL 20012		04/23/1993
US	32012	ORLANDO FL 32812 US		4. FEI Number Applied For
				59-3184881 Not Applicable
	Place of Business	2a. Mailing Address	1 aa. Aa	5. Certificate of Status Desired \$8.75 Additional
21 6146 Clarkcenter ATT.		28 LIUL Clar K	Centro HVC .	Fee Required
Suite, Apt. #. etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23 Sarasota FL		28 Sarasota,	PL	Yes No
Zip Country		Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3 4 7	238 25 USA	29 34238	30 USA	Personal Property Tax due June 30. Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
81 Name Amy Samsal				imy Samsal
RAMAZINI, JOHNNY L 82 Street Address				dress (P.O. Box Number is Not Acceptable)
8552 HAVASU DRIVE				ELC 8727 Aloha Dr.
ORLANDO FL 32829			83	
1			84 City	B5 Zip Code
11 0	4. 4	1017 1500 51-11-01-1		ALASOTA FL 34232
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 fapilitar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
agent. I a	im familiar with, and accept the obligat	tions of, Section 617.0503, Flor	rida Statutes.	110.0
SIGNATURE	Signature, typed or Miller hame at registered agent	t and title if applicable (NOTE:	Registered Agent signature requi	1/14/98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE		Change Addition
NAME	DON RYCE		1.2 NAME	AUL MONVILLE
STREET ADDRESS	5151 COLLINS AVE STE 1036		1.3 STREET ADDRESS 3	616 webber St. Stc. 206
CITY-ST-ZIP	MIAMI BCH FL	_	1.4 CITY-ST-ZIP	jarasota, FL 34232
TITLE	PD	DELETE	2.1 TITLE	to 6 PROBLEM V/D Change Addition
NAME	RAMAZINI JOHNNY L		2.2 NAME	my L. Samsal
STREET ADDRESS	8552 HAVASU DR		2.3 STREET ADDRESS	146 Clark Center Ave
CITY-ST-ZIP	ORLANDO FL		2. 4 CiTY-ST-ZIP	arasota, Pl 34238
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	COLON, EDWARD		3.2 NAME	Arol Monville 301 Bec Ridge Rd., Str. 12B
STREET ADDRESS	5260 HARLKEY RD		3.3 STREET ADDRESS	201 Det Claye and John 190
CITY-ST-ZIP	SAINT CLOD FL	DELETE	3.4. CiTY-ST-ZIP	arasota, PC 34238 Change Addition
TITLE	D EDADATO EDANIK	DEMOCLETE	4.1 TITLE	Change Addition
NAME	IMPARATO, FRANK 3269 MORNING STAR CT		4. 2 NAME	SHNNY RAMAZINI 212 5. Chickasa w Tri-# 103
STREET ADDRESS	KISSIMMEE FL			
CITY-ST-ZIP TITLE	ST ST	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	rlando FL 32826-8414 Change Addition
NAME	SPURLIN, BETTY	A Decreie	5.2 NAME	C Stange C Addition
STREET ADDRESS	5390 HOFFNER AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 City-St-Zip	
TITLE	VINCTION I E	DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
Arty ST NO			D. OTTICET NODITEDS	

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.

1/14/98 941.927.2603

FILED

Feb 05 1998 8:00am

Secretary of State