SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300002546 (0)

CANCER LEAGUE, INC.

FILED 97 OCT 16 AM 9: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									
1000 QUAYSIDE	TERRACE	P.O. BOX 402682							
APT. #803	- ISHINOE	MIAMI BEACH FL 33140							
MIAMI FL 33138	•					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 06/07/1993	3a. Date of La 07/18/		
	Place of Business	2s. Mailing Address				4. FEI Number	De nas	Applied For	
Suite, Apt. #, etc.		26				APPLIED FOR 59-1706090 Not Applicable			
22		Suite, Apt. #, etc.			ľ	5. Certificate of Status Desired		75 Additional e Regulred	
City & State		City & State				C Floring Committee Cinemature			
23		28			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees		
Zip	Country	Zip	Countr	У		8. This corporation owes or has paid			
24	25	29	30			Personal Property Tax due June 3		□ No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered Agent	- 1	
			81	1 1	Name				
OSTROW, JOHN B				, ,	Street Addres	s (P.O. Box Number is Not Acceptable	<u></u>		
201 SOUTH BISCAYNE BOULEVARD			82	7	ou cot Addres	S (F.O. DOX Mulliber is Not Acceptable	")		
SUITE 1380, MIAMI CENTER			83	1			***************************************		
MIAMI FL			84	1.	City		lor l	Zio Onda	
-72							FL 85 7	Zip Code	
ursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	and 617.1508, Florida Statutes	the abov	e-n	amed corpora	ation submits this statement for the pur	rpose of changli	ng its registered	
agent. I a	egistered agent, or both, in the State c im familiar with, and accept the obligat	t Florida. Such change was au ions of, Section 617.0503. Flori	thorized b ida Statute	y th	ie corporation	i's board of directors. I hereby accept	the appointmen	t as registered	
SIGNATURE	,								
Oran Withorne	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ap	ent s	signature required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	DELETE	1.1 TITLE		一里天	RUTH COHEN O VOS COLLING K BAL HARBOUR, FIR	Chan	ige 🔲 Addition	
NAME	DORFMAN, ELISSA D		1.2 NAME		1 2	a sea C Ances as A	2		
STREET ADDRESS	3059 N.E. 183 LANE		1.3 STREET	T ADE	DRESS /	SOLLINER	78 E	/	
CITY-ST-ZIP			1.4 CITY-5	S1 - Z	ip C	DIAL HAKOBARO, FLA	33/59	<u> </u>	
TITLE	P	☐ DELETE	2.1 TITLE			70000232 -10/17/97	Chan	ge 🔲 Addition	
NAME	JACOBS, JUDY		2.2 NAME			- FUUUUZ 32 -10/17/07		-010	
STREET ADDRESS	1455 S.W. 82ND AVENUE		2.3 STREET	2.3 STREET ADDRESS		#####61。	DE 4444	*61.25	
CITY-ST-ZIP	MIAMI FL 33158		2. 4 CITY-ST-ZIP		ZIP	**************************************			
TITLE	V	☐ DELETE	3.1 TITL€				☐ Chan	ge Addition	
NAME	OSTROW, JANE		3.2 NAME						
STREET ADDRESS	3860 BATTERSEA ROAD		3.3 STREET	1 ADC	DRESS				
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4. CITY-	ST-Z	IP .				
TITLE	V	☐ DELETE	4.1 TITLE				Chan	ge 🔲 Addition	
NAME	ROTH, LYNDA		4. 2 NAME						
STREET ADDRESS	19667 TURNBERRY WAY #813		4.3 STREET	T ADD	DRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		4.4 CITY-S	S7 - Z1	IP				
TITLE	D	☐ DELETE	5.1 TITLE				☐ Chan	ge Addition	
NAME	KASSAL, SHATZI		5.2 NAME						
STREET ADDRESS	393 CENTER ISLAND		5.3 STREE1	ADD	ORESS			ļ	
CITY-ST-ZIP	GOLDEN BEACH FL 33160		5.4 CITY-S	ST- 71	IP			<u>,</u>	
TITLE	D	DELETE	6.1 TITLE				, Chan	ge Addition	
NAME	Steinberg, Lee		6.2 NAME		1		1.211	<i>1</i>	
STREET ADDRESS	5255 COLLINS AVENUE #9G		6.3 STREET	(ADD	DRESS		116	/	
CITY-ST-7IP	MIAMI FL 33158		SACITY O				117/ /	·	

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 atlachment with an address.

ARIGMAZDAGE BUZOLUDED