

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002736 (7)**

1. Corporation Name
ATAXIA TELANGIECTASIA CHILDREN'S PROJECT, INC.



Principal Place of Business: 21645 CARTAGENA DRIVE BOCA RATON FL 33428
Mailing Address: 21645 CARTAGENA DRIVE BOCA RATON FL 33428

3. Date Incorporated or Qualified: 06/15/1993
3a. Date of Last Report: 04/19/1995
4. FEI Number: 65-0427215
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 398 W. Camino Gardens Blvd. Suite 104 Boca Raton, FL 33432
2a. Mailing Address: 26 398 W. Camino Gardens Blvd. Suite 104 Boca Raton, FL 33432
22. City & State: Boca Raton, FL
23. Zip: 33432
24. Country: 25

9. Name and Address of Current Registered Agent
SCHMIDT, PETER H
400 S. DIXIE HIGHWAY
SUITE 420
BOCA RATON FL 33432

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 agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MARGUS, BRADLEY A <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21645 CARTAGENA DRIVE	1.2 NAME	
STREET ADDRESS	BOCA RATON FL 33428	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HIEBNER, JEFFREY D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 ACACIA DRIVE	2.2 NAME	
STREET ADDRESS	MIDDLETOWN RI 02840	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MARGUS, ALBERT F JR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	621 SOUTHWEST MAYPOP COURT	3.2 NAME	
STREET ADDRESS	BOCA RATON FL 33432	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MIDDLEBROOK, ROB <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2101 RAIN TREE DR	4.2 NAME	
STREET ADDRESS	IRVING TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COTTINGHAM, BEVERLEY H. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL COTTAGE, COLSON BASSETT	5.2 NAME	
STREET ADDRESS	NOTTINGHAM UK	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D JEHLIK, GREG <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3616 W TURNBERRY DR	6.2 NAME	
STREET ADDRESS	MEQUON WI	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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(3)(k), 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: Bradley A Margus 4/22/96 407-395-2621
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)