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**FILED**

**Feb 26 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

Mailing Address

**398 W. CAMINO GARDENS BLVD.  
SUITE 104  
BOCA RATON FL 33432  
US**

**398 W. CAMINO GARDENS BLVD.  
SUITE 104  
BOCA RATON FL 33432-5827  
US**

3. Date Incorporated or Qualified  
**06/15/1993**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMIDT, PETER H  
400 S. DIXIE HIGHWAY  
SUITE 420  
BOCA RATON FL 33432**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGUS, BRADLEY A</b>	
STREET ADDRESS	<b>21645 CARTAGENA DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HIEBNER, JEFFREY D</b>	
STREET ADDRESS	<b>8 ACACIA DRIVE</b>	
CITY-ST-ZIP	<b>MIDDLETOWN RI 02840</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARGUS, ALBERT F JR</b>	
STREET ADDRESS	<b>621 SOUTHWEST MAYPOP COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MIDDLEBROOK, ROB</b>	
STREET ADDRESS	<b>2101 RAIN TREE DR</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COTTINGHAM, BEVERLEY H.</b>	
STREET ADDRESS	<b>ANGEL COTTAGE, COLSON BASSETT</b>	
CITY-ST-ZIP	<b>NOTTINGHAM UK</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JEHLIK, GREG</b>	
STREET ADDRESS	<b>3616 W TURNBERRY DR</b>	
CITY-ST-ZIP	<b>MEQUON WI</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038889

2-17-97

CR2E037 (9/96)