


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
			30

3. Date Incorporated or Qualified	06/15/1993	
4. FEI Number	65-0427215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	

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
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Donoghue	
1.3 STREET ADDRESS	765 Hollow Tree Ridge Road	
1.4 CITY-ST-ZIP	Darien, CT 06820	
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 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: _____ DATE: 4/21/98 FILING FEE: 561-395-2621

CR2E037 (10/97)