


FILE NOW: FILING FEE IS \$61.25

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May 15 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000000125 (4)**

1. Corporation Name

**INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I
NC.**



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|--|---|
| Principal Place of Business 2300 PALM BEACH BLVD SUITE 200-D WEST PALM BEACH FL 33409 US | Mailing Address 2300 PALM BEACH BLVD ST 200-D WEST PALM BEACH FL 33409 US |
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| 3. Date Incorporated or Qualified 01/10/1994 | 4. FEI Number 65-0458135 | Applied For Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <i>Suite 103</i> City & State 23 Zip 24 Country 25 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 <i>Suite 103</i> City & State 28 Zip 29 Country 30 |
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| 5. Certificate of Status Desired <input 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 |

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| 9. Name and Address of Current Registered Agent ABELLARD, YANICK M 9334 HEATHRIDGE DR 1665 PALM BEACH LAKES BLVD SUITE 600 WEST PALM BEACH FL 33411 |
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| 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 |
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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 *Yanick M. Abellard* **4-30-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td>PCEO</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>ABELLARD, YANICK M</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9334 HEATHRIDGE DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>BREA, FRANTZ</td><td></td></tr><tr><td>STREET ADDRESS</td><td>44 CLARK ST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PORT JEFFERSON STATION NY</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>CHIN, GRETA S MD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>170 MAN-O-WAR RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PALM BEACH GARDENS FL</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DESROULEAUX, LESLY MD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>13679 GREENTREE TRAIL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH FL</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>LAGUERRE, BEAU MD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>900 E OCEAN BLVD 334</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>STUART FL</td><td></td></tr><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>NESI, MARC H MD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>200 E NORTHWOOD ST, #208</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>GREENSBORO NC</td><td></td></tr></table> | TITLE | PCEO | <input type="checkbox"/> DELETE | NAME | ABELLARD, YANICK M | | STREET ADDRESS | 9334 HEATHRIDGE DR | | CITY-ST-ZIP | WEST PALM BEACH FL | | TITLE | T | <input type="checkbox"/> DELETE | NAME | BREA, FRANTZ | | STREET ADDRESS | 44 CLARK ST | | CITY-ST-ZIP | PORT JEFFERSON STATION NY | | TITLE | T | <input type="checkbox"/> DELETE | NAME | CHIN, GRETA S MD | | STREET ADDRESS | 170 MAN-O-WAR RD | | CITY-ST-ZIP | PALM BEACH GARDENS FL | | TITLE | T | <input type="checkbox"/> DELETE | NAME | DESROULEAUX, LESLY MD | | STREET ADDRESS | 13679 GREENTREE TRAIL | | CITY-ST-ZIP | WEST PALM BEACH FL | | TITLE | T | <input type="checkbox"/> DELETE | NAME | LAGUERRE, BEAU MD | | STREET ADDRESS | 900 E OCEAN BLVD 334 | | CITY-ST-ZIP | STUART FL | | TITLE | T | <input type="checkbox"/> DELETE | NAME | NESI, MARC H MD | | STREET ADDRESS | 200 E NORTHWOOD ST, #208 | | CITY-ST-ZIP | GREENSBORO NC | | <table border="1"><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table> | 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 | |
| TITLE | PCEO | <input type="checkbox"/> DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ABELLARD, YANICK M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 9334 HEATHRIDGE DR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | BREA, FRANTZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 44 CLARK ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | PORT JEFFERSON STATION NY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | CHIN, GRETA S MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 170 MAN-O-WAR RD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | DESROULEAUX, LESLY MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 13679 GREENTREE TRAIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | LAGUERRE, BEAU MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 900 E OCEAN BLVD 334 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | STUART FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | NESI, MARC H MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 200 E NORTHWOOD ST, #208 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | GREENSBORO NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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: *Yanick M. Abellard* **4-30-98**

CFR2037 (1097)