

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

FILED
Mar 13 1996 8:00 am
Secretary of State

DOCUMENT # N94000001071 (9)

1. Corporation Name

SOS RESPITE SERVICES, INC.

Principal Place of Business

**1110 NE 163RD ST. SUITE 202
NORTH MIAMI BEACH FL 33162
US**

Mailing Address

**3600 MYSTIC POINTEE DR.
UNIT 905
AVENTURA FL 33200**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1994		3a. Date of Last Report 05/01/1995	
21		26 1110 NE 163 STREET		4. FEI Number 65-0472233		Applied For Not Applicable	
Suite, Apt. #, etc. 22 210		Suite, Apt. #, etc. 27 210		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28 NORTH MIAMI BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29 33162		Country 30 US	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**KLEIMAN, FRANCES
3600 MYSTIC POINTE DR.
UNIT 905
AVENTURA FL 33280**

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN, FRANCES	1.2 NAME	
STREET ADDRESS	% 3600 MYSTIC POINTE DR. #905	1.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL 33280	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, ALLAN	2.2 NAME	SPRING, Allan
STREET ADDRESS	% 3600 MYSTIC POINTE DR. #905	2.3 STREET ADDRESS	
CITY - ST - ZIP	AVENTURA FL 33280	2.4 CITY - ST - ZIP	
TITLE	SDD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMIE	3.2 NAME	
STREET ADDRESS	% 20201 N.W. 52ND CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)