

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 # N94000005523 (5)
1. Corporation Name

THE BISCAYNE INSTITUTE, INC.

Principal Place of Business Mailing Address
11700 NE 9th Ave. 11700 NE 9th Ave.
Biscayne Park, FL 33161 Biscayne Park, FL 33161

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 11/08/1994 3a. Date of Last Report 4/29/95

4. FEI Number 65-0578953 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

CHERRY, MARY ELIZABETH
11700 NE 9th Ave
Biscayne Park FL 33161

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 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	NAME	STREET ADDRESS	CITY - ST - ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
DP	BOWIE, STAN L PH D	1150 NW 203rd St	MIAMI FL 33169	<input type="checkbox"/> DELETE			
DV	MCEL RATH, KAREN PH D	290 Sunrise Dr Apt 1L	KEY BISCAYNE FL 33149	<input type="checkbox"/> DELETE			
DST	CARTER, PAT	219 MENORES AVE	CORAL GABLES FL 33134	<input type="checkbox"/> DELETE			
BOARD MEMBER	CHERRY, ANDREW L DSW	11700 NE 9th AVE	BISCAYNE PARK, FL 33161	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP

15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY - ST - ZIP

19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY - ST - ZIP

23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY - ST - ZIP

27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY - ST - ZIP

31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP

35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY - ST - ZIP

39. TITLE 40. NAME 41. STREET ADDRESS 42. CITY - ST - ZIP

43. TITLE 44. NAME 45. STREET ADDRESS 46. CITY - ST - ZIP

47. TITLE 48. NAME 49. STREET ADDRESS 50. CITY - ST - ZIP

51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP

55. TITLE 56. NAME 57. STREET ADDRESS 58. CITY - ST - ZIP

59. TITLE 60. NAME 61. STREET ADDRESS 62. CITY - ST - ZIP

63. TITLE 64. NAME 65. STREET ADDRESS 66. CITY - ST - ZIP

67. TITLE 68. NAME 69. STREET ADDRESS 70. CITY - ST - ZIP

71. TITLE 72. NAME 73. STREET ADDRESS 74. CITY - ST - ZIP

75. TITLE 76. NAME 77. STREET ADDRESS 78. CITY - ST - ZIP

79. TITLE 80. NAME 81. STREET ADDRESS 82. CITY - ST - ZIP

83. TITLE 84. NAME 85. STREET ADDRESS 86. CITY - ST - ZIP

87. TITLE 88. NAME 89. STREET ADDRESS 90. CITY - ST - ZIP

91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY - ST - ZIP

95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY - ST - ZIP

99. TITLE 100. NAME 101. STREET ADDRESS 102. 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: *Mary Elizabeth Cherry* Exec. Director 5/24/96 (305) 893-2161

CR2E037 (12/95)