

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 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 # N94000005704 (1)
 1. Corporation Name
FELLOWSHIP HOUSE EMPLOYMENT SERVICES, INC.



Principal Place of Business 5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143	Mailing Address 5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143
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3. Date incorporated or Qualified 11/16/1994	
4. FEI Number 65-0539118	Applied For 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SANTANA, PUBLIO M
 5711 SOUTH DIXIE HIGHWAY
 SOUTH MIAMI FL 33143

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

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 relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SANTANA, PUBLIO M	
STREET ADDRESS	5711 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, PATRICIA C.	
STREET ADDRESS	5711 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, CINDY A	
STREET ADDRESS	5711 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTON, CHRISTINE	
STREET ADDRESS	5711 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, PHYLLIS	
STREET ADDRESS	5711 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YASKAL, STEVE	
STREET ADDRESS	5711 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	SOUTH MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLLER, VIRAMA
2.3 STREET ADDRESS	5711 SOUTH DIXIE HIGHWAY
2.4 CITY-ST-ZIP	SOUTH MIAMI FL
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 19.07(3)(l), 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: 7/2/98 DAYTIME PHONE #: 305-667-1036

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