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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005720 (7)**

1. Corporation Name

COUNT DR. ALBERT WASS DE CZEGE FOUNDATION, INC.



Principal Place of Business C/O GABRIEL G. KISS 5324 PINEVIEW WAY APOPKA FL 32703	Mailing Address C/O GABRIEL G. KISS 5324 PINEVIEW WAY APOPKA FL 32703-1963
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3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number 59-3277992	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KISS, GABRIEL G 5324 PINEVIEW WAY APOPKA FL 32703	
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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	

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	WASS, ALBERT
STREET ADDRESS	54729 CEDAR CREST RD
CITY-ST-ZIP	ASTOR FL 32102
TITLE	D <input type="checkbox"/> DELETE
NAME	BANKUTY, GEZA E
STREET ADDRESS	705 KEY ROYAL
CITY-ST-ZIP	HOLMES BEACH FL 33510
TITLE	D <input type="checkbox"/> DELETE
NAME	KISS, GABRIEL G
STREET ADDRESS	5324 PINEVIEW WAY
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> DELETE
NAME	DEMETER, BELA
STREET ADDRESS	806 S SUMMERLIN AVE
CITY-ST-ZIP	ORLANDO FO
TITLE	D <input type="checkbox"/> DELETE
NAME	SZEKELY, ARPAD
STREET ADDRESS	1000 DUGLASS AVE, APT 187
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PESÜS ELISABETH
STREET ADDRESS	1605 POCATELLO STR.
CITY-ST-ZIP	SARASOTA, FL 34231

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 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 do 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

Daytime Phone # 0012673

CR2E037 (9/96)