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

APPROVED AND FILED

1996 OCT 18 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005876 (7)

1. Corporation Name

LOST AND ABUSED CHILDREN'S NETWORK, INC.

Principal Place of Business	Mailing Address
4009 UNIVERSITY DRIVE SUITE G-102 SUNRISE FL 33351	4009 UNIVERSITY DRIVE SUITE G-102 SUNRISE FL 33351

2. Principal Place of Business
21 1911 NW 9th AVE (Suite, Apt. #, etc.)
22 FT. LAUDERDALE FLORIDA (City & State)
23 33311 (Zip) 24 (Country)

2a. Mailing Address
26 P.O. BOX 451252 (Suite, Apt. #, etc.)
27 SUNRISE FLORIDA (City & State)
28 33345 (Zip) 29 (Country) 30

3. Date Incorporated or Qualified: 11/28/1994

3a. Date of Last Report: 08/11/1995

4. FEI Number: 65-0543815 (Applied For / Not Applicable)

5. Certificate of Status Desired [X] $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

CODKIND, MURRAY
4009 UNIVERSITY DRIVE
SUITE G-102
SUNRISE FL 33351

10. Name and Address of New Registered Agent /SPONSOR

81 Name: CHILDREN IN DISTRES ING.
82 Street Address (P.O. Box Number is Not Acceptable): 1909 NW 9th AVE
83 FT. LAUDERDALE FL. 33311
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: Rev. Aloysius Nzeakor D.P.
Signature, Type or Printed Name of Registered Agent (Required if Applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Y/N)	
TITLE	D	[X] DELETE	11 TITLE	P.D. [X] Change [ ] Addition
NAME	CODKIND, MURRAY		12 NAME	ALOYSIUS NZEAKOR
STREET ADDRESS	4009 UNIVERSITY DRIVE, SUITE G-102		13 STREET ADDRESS	P.O.BOX 451252 NEW DIRECTOR
CITY-ST-ZIP	SUNRISE FL 33351		14 CITY-ST-ZIP	SUNRISE FLORIDA 33345
TITLE	D	[X] DELETE	21 TITLE	D [X] Change [ ] Addition
NAME	CODKIND, JO		22 NAME	ROSE NZEAKOR
STREET ADDRESS	4009 UNIVERSITY DRIVE, SUITE G-102		23 STREET ADDRESS	8511 NW 47 CT. DIRECTOR
CITY-ST-ZIP	SUNRISE FL 33351		24 CITY-ST-ZIP	LAUDERHILL FL. 33351
TITLE	D	[X] DELETE	31 TITLE	D [X] Change [ ] Addition
NAME	FOX, SHERYL		32 NAME	PRINCE CHUDDY
STREET ADDRESS	4009 UNIVERSITY DRIVE, SUITE G-102		33 STREET ADDRESS	1909 NW 9th AVE DIRECTOR
CITY-ST-ZIP	SUNRISE FL 33351		34 CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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)(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: ALOYSIUS NZEAKOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/96 (954)525 4413
Date Daytime Phone #

CR2E037 (12/95)