


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 18 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 # **N95000000526 (2)**

1. Corporation Name

STUDENT AND FAMILY LIFE U.S.A./INTERNATIONAL, IN C.

Principal Place of Business

Mailing Address

**6112 DONEGAL DRIVE
ORLANDO FL 32819**

**6112 DONEGAL DRIVE
ORLANDO FL 32819-4922**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3292756	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINGSWORTH, J B
6112 DONEGAL DRIVE
ORLANDO FL 32819**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTHOF, LAURIE	1.2 NAME	
STREET ADDRESS	3358 BROOKWATER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, FRAN	2.2 NAME	
STREET ADDRESS	1250 HENRY BLACH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINGSWORTH, ANNE L	3.2 NAME	
STREET ADDRESS	6112 DONEGAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINGSWORTH, J B REV.	4.2 NAME	
STREET ADDRESS	6112 DONEGAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLIN, JERRY	5.2 NAME	
STREET ADDRESS	1216 BUCKWOOD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, DON	6.2 NAME	D
STREET ADDRESS	111 NORTH DRIVE	6.3 STREET ADDRESS	Jeanine Hammond
CITY-ST-ZIP	WINDERMERE FL 34786	6.4 CITY-ST-ZIP	11330 Winston Willow Ct
			Windermere, FL 34786

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]

4/13/97

CR2E037 (9/96)