

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001938 (8)
 1. Corporation Name
BROWARD PROFESSIONAL PARENTS FOR SHELTER, FOSTER & ADOPTIVE CHILDREN, INC.



Principal Place of Business 765 NW 15 PL. POMPANO BEACH FL 33060	Mailing Address 765 NW 15 PL. POMPANO BEACH FL 33060
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3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report
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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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4. FEI Number ETH 65-0619605	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 QUICK, BEULAH
 765 NW 15 PL.
 POMPANO BEACH FL 33060

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, BEULAH	1.2 NAME	<i>Quick, Beulah</i>
STREET ADDRESS	765 NW 15 PL.	1.3 STREET ADDRESS	<i>765 N.W. 15th PL.</i>
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	<i>Pompano Beach, Fla 33060</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRIFF, WENDY	2.2 NAME	<i>Sherriff, Wendy</i>
STREET ADDRESS	1800 NW 15 ST.	2.3 STREET ADDRESS	<i>1800 NW 15th St.</i>
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	<i>St. Lauderdale, Fla 33311</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUYLER, WILLIE M	3.2 NAME	<i>Cuyler, Willie M.</i>
STREET ADDRESS	1012 NW 13TH CT.	3.3 STREET ADDRESS	<i>1012 N.W. 13th Ct.</i>
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	<i>St. Lauderdale Fla 33311</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, MATTIE L	4.2 NAME	
STREET ADDRESS	3911 NW 34TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600001882866
STREET ADDRESS		5.3 STREET ADDRESS	-07/03/96--01023--009
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

7-2-96

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: *Beulah E. Quick* **Beulah E. Quick** 6/6/96 (954) 786-0037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)