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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftah
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002754 (8)

1. Corporation Name

FRIAR TUCK'S PHILANTHROPY INC.



Principal Place of Business

Mailing Address

P.O. BOX 810672
BOCA RATON FL 33481

P.O. BOX 810672
BOCA RATON FL 33481-0672

3. Date Incorporated or Qualified
06/12/1995

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0587423

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

10. Name and Address of New Registered Agent

LAFLEUR, KEN
979 SW 13TH DRIVE
BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAFLEUR, KEN
STREET ADDRESS % P.O. BOX 810672 N/A
CITY-ST-ZIP BOCA RATON FL 33481

1.1 TITLE President, Treasurer, Secretary
1.2 NAME Ken Lafleur
1.3 STREET ADDRESS PO Box 810672 N/A
1.4 CITY-ST-ZIP Boca Raton FL 33481
Change Addition P+T+S

TITLE D
NAME SHARAS, PETE
STREET ADDRESS % P.O. BOX 810672 N/A
CITY-ST-ZIP BOCA RATON FL 33481

2.1 TITLE
2.2 NAME SHARAS Pete
2.3 STREET ADDRESS c/o PO Box 810672 N/A
2.4 CITY-ST-ZIP Boca Raton FL 33481
Change Addition

TITLE D
NAME DUPLER, JIM
STREET ADDRESS % P.O. BOX 810672 N/A
CITY-ST-ZIP BOCA RATON FL 33481

3.1 TITLE
3.2 NAME Dupler Jim
3.3 STREET ADDRESS c/o P.O. Box 810672 N/A
3.4 CITY-ST-ZIP Boca Raton FL 33481
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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: Ken Lafleur President

3/2/97 561-393-6963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0044642

CR2E037 (9/96)