

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004170 (5)**

1. Corporation Name

**EVERGLADES HERPETOLOGICAL EDUCATIONAL SOCIETY, I  
NC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 431242  
MIAMI FL 33243-1242

POST OFFICE BOX 431242  
MIAMI FL 33243-1242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1995**

3a. Date of Last Report

**01/29/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RASSNER, WAYNE H ESO  
7700 NORTH KENDALL DRIVE #803  
MIAMI FL 33156**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	IOVINO, CARLO R JR	
STREET ADDRESS	6707 N.W. 169TH STREET #A108	
CITY-ST-ZIP	MIAMI FL 33015	

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABEL, SHARON	
1.3 STREET ADDRESS	13605 SW 70 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33156	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPATUCCI, MICHAEL E	
STREET ADDRESS	6732 S.W. 134TH COURT	
CITY-ST-ZIP	MIAMI FL 33183	

2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	WASILEWSKI, JOE	
STREET ADDRESS	14316 S.W. 142ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> DELETE
NAME	STILES, CRAIG A	
STREET ADDRESS	POST OFFICE BOX 2347	
CITY-ST-ZIP	NARANJA FL 33032	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEBARGE, LARRY	
STREET ADDRESS	6630 S.W. 41 STREET	
CITY-ST-ZIP	MIAMI FL 33155	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 REQUIRED

21 Jun 97 (305) 258-9647

CR2E037 (4/97)