

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 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 # N95000004446 (9)

1. Corporation Name:

THE NATIONAL NETWORK OF ORGAN DONORS, INC.



Principal Place of Business <b>5800 TEAKWOOD ROAD LAKE WORTH FL 33467</b>	Mailing Address <b>6346-65 LANTANA RD. SUITE 13D LAKEWORTH FL 33463-6698</b>
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3. Date Incorporated or Qualified <b>09/18/1995</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business <b>21 2001 Palm Beach Lakes Blvd.</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22 Suite 501-7</b>	Suite, Apt. #, etc. <b>27 SAME</b>
City & State <b>23 West Palm Beach, FL</b>	City & State <b>28</b>
Zip <b>24 33409</b>	Country <b>25 USA</b>

4. FEI Number <b>65-0610195</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BROWNSTEIN, ART 5800 TEAKWOOD ROAD LAKE WORTH FL 33467</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>ART BROWNSTEIN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2870 ANTIETAM LANE</b>	
83	
84 City <b>West Palm Beach, FL</b>	85 Zip Code <b>33409</b>

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 **ART BROWNSTEIN** *Art Brownstein* **3/14/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>BROWNSTEIN, ART</b>	
STREET ADDRESS <b>5800 TEAKWOOD RD.</b>	
CITY-ST-ZIP <b>LAKEWORTH FL 33467</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LAMPELA, TRUDY</b>	
STREET ADDRESS <b>5800 TEAKWOOD RD.</b>	
CITY-ST-ZIP <b>LAKEWORTH FL 33467</b>	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SILVERMAN, IRVING</b>	
STREET ADDRESS <b>528 PHEASANT LANE NO.</b>	
CITY-ST-ZIP <b>JUPITER FL 33458</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ART BROWNSTEIN</b>	
1.3 STREET ADDRESS <b>2870 ANTIETAM LN.</b>	
1.4 CITY-ST-ZIP <b>West Palm Beach, FL 33409</b>	
2.1 TITLE <b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>DEBBIE BALCAITIS</b>	
2.3 STREET ADDRESS <b>1145 PRIMROSE LANE</b>	
2.4 CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
3.1 TITLE <b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>LINDA DURDA</b>	
3.3 STREET ADDRESS <b>2068 CEZANNE RD.</b>	
3.4 CITY-ST-ZIP <b>West Palm Beach, FL 33409</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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: *Art Brownstein* **ART BROWNSTEIN/PRESIDENT** **3/14/97** (561) 697-3469  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0043923

CF2E037 (9/96)