

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.)

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortkham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005321**

1. Corporation Name

KINGSTON TECHNICAL HIGH SCHOOL ALUMNI
ASSOCIATION FLORIDA CHAPTER, INC.

Principal Place of Business
3332 S UNIVERSITY DR
MIRAMAR FL 33025

Mailing Address
3332 S UNIVERSITY DR
MIRAMAR FL 33025

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/95	3a. Date of Last Report 04/26/96
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0599787	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent		
CARL BRYAN 5165 HORSESHOE CIRCLE N WEST PALM BEACH FL 33417		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]* DATE **2/11/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL BRYAN	1.2 NAME	DAWN LINTON
STREET ADDRESS	5165 HORSESHOE CIRCLE N	1.3 STREET ADDRESS	13742 SW 145 STREET
CITY-ST-ZIP	WEST PALM BCH FL 33417	1.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGH PEART	2.2 NAME	EUGENE SHEPARD
STREET ADDRESS	11531 S OPEN COURT	2.3 STREET ADDRESS	13328 SW 114 COURT
CITY-ST-ZIP	COOPER CITY FL 33029	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALARIE CHRISTIE	3.2 NAME	CAROL HEATH
STREET ADDRESS	630 SW 4 AVENUE	3.3 STREET ADDRESS	3850 SW 10 STREET
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	ASST SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSIE RASSIAWARN	4.2 NAME	ETOY BARRETT
STREET ADDRESS	11348 SW 69 TERRACE	4.3 STREET ADDRESS	7343 NW 75 STREET
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	TAMARAC FL 33341
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SONIA RIDGES	5.2 NAME	
STREET ADDRESS	2081-D ORANGE GROVE DR	5.3 STREET ADDRESS	800002122988
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	-03/25/97--01009--029
TITLE	ASST TREASURER <input type="checkbox"/> DELETE	6.1 TITLE	***61.25
NAME	GILES STEWART	6.2 NAME	
STREET ADDRESS	3332 S UNIVERSITY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	6.4 CITY-ST-ZIP	

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: *[Signature]* DATE **1/22/97** (561) 471-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL BRYAN