

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 09 1998 8:00am  
Secretary of State

0007255

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005393 (2)**

1. Corporation Name

**SOUTH FLORIDA YOUTH SCHOLARSHIP FOUNDATION, INC.**



<b>Principal Place of Business</b> 2295 CORPORATE BOULEVARD N.W. SUITE 131 BOCA RATON FL 33431		<b>Mailing Address</b> 2295 CORPORATE BOULEVARD N.W. SUITE 131 BOCA RATON FL 33431		<b>3. Date Incorporated or Qualified</b> 11/13/1995	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 28 Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0651086 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>23 City &amp; State</b>		<b>27 City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24 Zip</b>		<b>29 Zip</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>25 Country</b>		<b>30 Country</b>		<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> GERSON, GARY N 1645 PALM BEACH LAKES BOULEVARD SUITE 1200 WEST PALM BEACH FL 33401				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FORSTER, WILLIAM A	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	2295 CORPORATE BOULEVARD N.W., SUITE 131	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOCA RATON FL 33431	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GROSS, MYRNA	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	2295 CORPORATE BOULEVARD N.W., SUITE 131	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOCA RATON FL 33431	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FORSTER, MARCIE	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	2295 CORPORATE BOULEVARD N.W., SUITE 131	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOCA RATON FL 33431	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)