

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.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000005532 (5)

1. Corporation Name

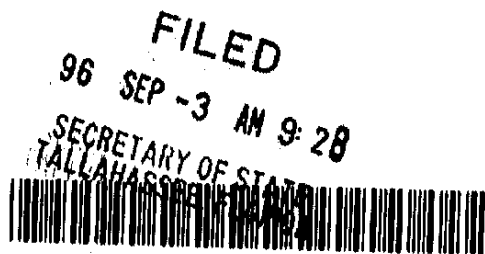
FYUTER FOUNDATION, INC.

Principal Place of Business

1103 S. PINELLAS AVENUE #69  
TARPON SPRINGS FL 34689

Mailing Address

POST OFFICE BOX 195  
TARPON SPRINGS FL 34689



2. Principal Place of Business

21 SAME AS ABOVE.

2a. Mailing Address

26 POST OFFICE BOX 195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28 TARPON SPRINGS, FLA.

Zip

Country

24

Zip

Country

29 34689-0195 30 U.S.A.

9. Name and Address of Current Registered Agent

BOYLE, MICHAEL J  
1103 S. PINELLAS AVENUE #69  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 SAME REGISTERED AGENT RETAINED  
Street Address (P.O. Box Number is Not Acceptable)

83

84 City

N/A.

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 617.1503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT - CHAIRMAN P/C/D	MICHAEL J. BOYLE	1103 S. PINELLAS AVE SUITE 69	TARPON SPRINGS, FL 34689
T/S/D	DEBRA BOYLE (D)	1103 S. PINELLAS AVE SUITE 69	TARPON SPRINGS, FL 34689
V/D	JOAN LEININGER (D)	12 E. MAIN ST.	610 GRANDE, N.J. 08242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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-10/15/96--01007--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

MWB 9-10-96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL Boyle P/C/D 1/22/96 813-934-6671

Date

Daytime Phone

0015555

CR2E037 (3/96)