

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra D. Hamm</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005973 (1)**  
1. Corporation Name

**BLANCHE ELY HIGH CLASS OF 1970, INC.**

Principal Place of Business	Mailing Address
<b>3333 WEST ATLANTIC BOULEVARD SUITE 16 POMPANO BEACH FL 33069</b>	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16 POMPANO BEACH FL 33069-25</b>

3. Date Incorporated or Qualified <b>12/20/1995</b>	3a. Date of Last Report <b>06/14/1996</b>
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2. Principal Place of Business	2a. Mailing Address
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<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
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<b>22</b> City & State	<b>27</b> City & State
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<b>23</b> Zip	<b>25</b> Country	<b>28</b> Zip	<b>30</b> Country
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**9. Name and Address of Current Registered Agent**

**PHILLIPS, EDWARD W  
3333 W ATLANTIC BLVD, SUITE 16  
POMPANO BEACH FL 33069**

4. FEI Number <b>65-0629735</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, ED</b>	
STREET ADDRESS	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FORD, LORENE</b>	
STREET ADDRESS	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MALONE, BETTY</b>	
STREET ADDRESS	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, FELTON</b>	
STREET ADDRESS	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIXON, DALLAS</b>	
STREET ADDRESS	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, RALPH</b>	
STREET ADDRESS	<b>3333 WEST ATLANTIC BOULEVARD SUITE 16</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

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

*Ed Phillips*

6-8-97

(954) 973-3038

CR2E037 (9/96)