


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000635					
1. Corporation Name DEERFIELD BEACH FOUNDER'S DAYS, INC.					
Principal Place of Business 325 SE 3RD TERR DEERFIELD BEACH FL 33441			Mailing Address 325 SE 3RD TERR DEERFIELD BEACH FL 33441		

140822 - 90243 - 40



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/01/1996	
				4. FEI Number APPLIED FOR	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DERIAN, WILLIAM V 414 NE 2ND ST DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	MOLAND, MARGARET		
NAME	HOLAND, MARGARET	NAME SPOOLED WRONG		1.2 NAME	(CD) (ADDRESS IS OK)		
STREET ADDRESS	325 SE 3RD TERR			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	WILLIAM V. DERIAN		
NAME	MILLER, PAT			2.2 NAME	(PD) 414 NE 2ND ST		
STREET ADDRESS	318 SW 34 AVE			2.3 STREET ADDRESS	DEERFIELD BEACH FL 33441		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEST, KELLY			3.2 NAME	OK		
STREET ADDRESS	307 SE 14 PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASSON, SUE			4.2 NAME	OK		
STREET ADDRESS	531 SE 4TH ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	MILLER, PAT (VPD)		
NAME	DERIAN, WILLIAM V			5.2 NAME	318 SW 34 AVE		
STREET ADDRESS	414 NE 2ND ST			5.3 STREET ADDRESS	DEERFIELD BEACH, FLORIDA 33441		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *William V. Derian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)