

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State
		DIVISION OF CORPORATIONS

FILED

98 OCT 15 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000942
1. Corporation Name
Nolan Willis Cardiac Foundation

Principal Place of Business
14201 SW 125 AVE
Miami, Florida 33186

Mailing Address
NAT Willis,
14201 SW 125 AVE
Miami, Florida 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>14201 SW 125 AVE</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>14201 SW 125 AVE</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <u>2/22/96</u>	
22 City & State 23 <u>Miami, Florida</u>		27 City & State 28 <u>Miami, Florida</u>		4. FEI Number <u>31148853</u> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <u>33186</u>		29 Zip <u>33186</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country <u>USA</u>		30 Country <u>USA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <u>Corporation Company of Miami</u> <u>201 S. BISCAYNE BLVD.</u> <u>Suite 1500</u> <u>Miami, Florida 33131</u>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code			
--	--	--	--	--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<u>DIRECTOR, NAT W. WILLIS</u>	<u>14201 SW 125 AVE</u>	<u>Miami, Florida 33186</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<u>700002667427-8</u>	<u>-10/19/98-01129-008</u>	<u>*****61.25 *****61.25</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<u>DIRECTOR, Redmond Burke</u>	<u>3100 SW 62 AVE</u>	<u>Miami, Florida</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<u>DIRECTOR, Anthony Chang</u>	<u>3100 SW 62 AVE</u>	<u>Miami, Florida</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 9/30/98 (308) 670 0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)