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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000001346 (3)**

1. Corporation Name

FLORIDA SPECIAL RESPONSE TEAM-A, INC.

Principal Place of Business

Mailing Address

**8000 NW 54 STREET
LAUDERHILL FL 33351****8000 NW 54 STREET
LAUDERHILL FL 33351-5069**

3. Date Incorporated or Qualified

03/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFF, SUE C
8000 NW 54 STREET
LAUDERHILL FL 33351**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 617.0503, 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	D	<input type="checkbox"/> DELETE
NAME	WOLFF, EDWARD C	
STREET ADDRESS	8000 NW 54 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33351	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFF, ARTHUR E	
STREET ADDRESS	8000 NW 54 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33351	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, JAMES	
STREET ADDRESS	8000 NW 54 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33351	

31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	7141 SW 2 Ct.
34 CITY - ST - ZIP	Pembroke Pines, FL 33023

TITLE	D	<input type="checkbox"/> DELETE
NAME	LARK, KIM	
STREET ADDRESS	8000 NW 54 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33351	

41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	62 NE 109 Street
44 CITY - ST - ZIP	Miami Shores, FL 33161

TITLE	D	<input type="checkbox"/> DELETE
NAME	LARK, BERT	
STREET ADDRESS	8000 NW 54 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33351	

51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	62 NE 109 Street
54 CITY - ST - ZIP	Miami Shores, FL 33161

TITLE	D	<input type="checkbox"/> DELETE
NAME	LORBER, REED	
STREET ADDRESS	8000 NW 54 STREET	
CITY - ST - ZIP	LAUDERHILL FL 33351	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	5361 NE 17 Terrace
64 CITY - ST - ZIP	Ft. Lauderdale, FL 33334

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037876

1-16-97

CR2E037 (9/96)