

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N96000001513*

1. Corporation Name  
*Richard David Kahn melanoma Task Force, Inc.*

Principal Place of Business Mailing Address

*1/4 Steven L. Schwarzbeg  
 Greenberg Training  
 777 S. Flagler Drive, Suite 310 E West Palm Beach  
 Fla. 33401*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Same	26. Same	<i>3/15/96</i>	<i>New in 1996</i>
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<i>Hornisco Incorporation, Inc.          222 Lakeview Ave. Ste. 800          West Palm Beach, Fla. 33401</i>	81. Name <i>Steven Schwarzbeg</i> 82. Street Address (P.O. Box Number is Not Acceptable) <i>1/4 Greenberg Training</i> 83. <i>777 S. Flagler Drive</i> 84. City <i>West Palm Beach</i> <b>FL</b> 85. Zip Code <i>33401</i>

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: *Steve Schwarzbeg* *Steven L. Schwarzbeg* *4/14/97*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<i>President/Director</i> <input type="checkbox"/> DELETE
NAME	<i>Deborah K. Schwarzbeg</i>
STREET ADDRESS	<i>777 S. Flagler Drive Suite 1000</i>
CITY-ST-ZIP	<i>West Palm Beach, Fla. 33401</i>
TITLE	<i>Director</i> <input type="checkbox"/> DELETE
NAME	<i>Steven L. Schwarzbeg</i>
STREET ADDRESS	<i>777 S. Flagler Drive Suite 310 E</i>
CITY-ST-ZIP	<i>West Palm Beach, Florida 33401</i>
TITLE	<i>Director</i> <input type="checkbox"/> DELETE
NAME	<i>Steven P. Rosenbey</i>
STREET ADDRESS	<i>470 Columbia Drive</i>
CITY-ST-ZIP	<i>West Palm Beach, Fla. 33409</i>
TITLE	<i>Joseph Boswell, Director</i> <input type="checkbox"/> DELETE
NAME	<i>3281 Monet Drive</i>
STREET ADDRESS	<i>Palm Beach Gardens, Fla. 33400</i>
CITY-ST-ZIP	
TITLE	<i>Director</i> <input type="checkbox"/> DELETE
NAME	<i>Lawrence Kutze</i>
STREET ADDRESS	<i>944 South East Atlantic Drive</i>
CITY-ST-ZIP	<i>Hypoluxo Island, Fla. 33462</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*4/5/97*

**900002170729**  
**-05/08/97--01008--059**  
**\*\*\*165.00**

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 a 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: *Steve Schwarzbeg Director* *4/24/97* *561 650 7906*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)