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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001831 (4)

1. Corporation Name  
THE AZZOLINA FOUNDATION, INC.



Principal Place of Business Mailing Address  
4545 NORTH OCEAN BOULEVARD, SUITE 9B BOCA RATON FL 33431  
4545 NORTH OCEAN BOULEVARD, SUITE 9B BOCA RATON FL 33431-5342

3. Date Incorporated or Qualified 04/02/1996  
3a. Date of Last Report N/A

2. Principal Place of Business 2a. Mailing Address  
21 4001 N. Ocean Boulevard 26 2702 Coriander Place  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0663503  
Applied For Not Applicable

22 #406-B 27  
City & State City & State  
23 Boca Raton, FL 28 Edgewater, MD

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 33431-5331 25 USA 29 21037-1117 30 USA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
PARKINSON, DENNIS H  
4545 NORTH OCEAN BOULEVARD, SUITE 9B  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number Is Not Acceptable)  
4001 North Ocean Boulevard, Suite 406-B  
B3  
B4 City Boca Raton FL B5 Zip Code 33431-5331

11. Pursuant to the provisions of Sections 677.0502 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 677.0503, Florida Statutes.

SIGNATURE *Dennis H. Parkinson* Dennis H. Parkinson January 15, 1997  
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                      | DCP <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARKINSON, DENNIS H                  | 1.2 NAME  |  |
| STREET ADDRESS             | 4545 NORTH OCEAN BOULEVARD, SUITE 9B | 1.3 STREET ADDRESS                                    | 4001 North Ocean Boulevard, Suite 406B                                       |
| CITY-ST-ZIP                | BOCA RATON FL 33431                  | 1.4 CITY-ST-ZIP                                       | Boca Raton, FL 33431-5331  |
| TITLE                      | DCV <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | AZZOLINA, NICHOLAS J                 | 2.2 NAME  |  |
| STREET ADDRESS             | 3700 NORTHWEST 9TH STREET            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELRAY BEACH FL 33445                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DS <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | AZZOLINA-PARKINSON, SHIRLEY          | 3.2 NAME  |  |
| STREET ADDRESS             | 2702 CORIANDER PLACE                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | EDGEWATER MD 21037                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DT <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | AZZOLINA, BETTY M                    | 4.2 NAME  |  |
| STREET ADDRESS             | 4001 NORTH OCEAN BLVD., #406-B       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL 33431                  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FAVE, DENNIS DELLE                   | 5.2 NAME  |  |
| STREET ADDRESS             | 12361 DIVOT DRIVE                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33437               | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LARSEN, BRENDA J                     | 6.2 NAME  |  |
| STREET ADDRESS             | 624 NORTHWEST 13TH STREET #11        | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL 33486                  | 6.4 CITY-ST-ZIP                                       |  |

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, changed or on an attachment with an address.

SIGNATURE: *Dennis H. Parkinson* Dennis H. Parkinson Jan. 15, 1997 (561) 395-6289  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0038850

CR2E037 (9/96)