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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001831 (4)
 1. Corporation Name
THE AZZOLINA FOUNDATION, INC.



Principal Place of Business 4001 N OCEAN BLVD #406-B BOCA RATON FL 33431 US	Mailing Address 2702 CORIANDER PLACE EDGEWATER MD 21037-1117 US
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3. Date Incorporated or Qualified 04/02/1996	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number 65-0663503	
5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent
 PARKINSON, DENNIS H
 4001 N OCEAN BLVD STE 406-B
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	PARKINSON, DENNIS H	
STREET ADDRESS	4545 NORTH OCEAN BOULEVARD, SUITE 9B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	AZZOLINA, NICHOLAS J	
STREET ADDRESS	3700 NORTHWEST 9TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AZZOLINA-PARKINSON, SHIRLEY	
STREET ADDRESS	2702 CORIANDER PLACE	
CITY-ST-ZIP	EDGEWATER MD 21037	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	AZZOLINA, BETTY M	
STREET ADDRESS	4001 NORTH OCEAN BLVD., #406-B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FAVE, DENNIS DELLE	
STREET ADDRESS	12361 DIVOT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARSEN, BRENDA J	
STREET ADDRESS	624 NORTHWEST 13TH STREET #11	
CITY-ST-ZIP	BOCA RATON FL 33486	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4001 N OCEAN BLVD STE 406-B
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	

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.

SIGNATURE: *Dennis H. Parkinson* **RECORDED** *Dennis H. Parkinson* **1/13/98** (561) 395-6289

CR2E037 (10/97)