


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002200 (1)**  
1. Corporation Name

**FLORIDA ASSOCIATION OF DISABILITY EXAMINERS, INC**



Principal Place of Business <b>812 VONCILE AVENUE TALLAHASSEE FL 32303</b>		Mailing Address <b>812 VONCILE AVENUE TALLAHASSEE FL 32303</b>		3. Date Incorporated or Qualified <b>04/23/1996</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3090725</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>29</b>		Country <b>30</b>		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 <b>GUNTER, KAREN J 812 VONCILE AVENUE TALLAHASSEE FL 32303</b>				10. Name and Address of New Registered Agent	
<b>81</b> Name				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>				<b>84</b> City	
<b>85</b> Zip Code				<b>FL</b>	

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 Karen J. Gunter DATE 1-5-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	PANTALONE, DAVID	1.1 TITLE	Change	Addition	
STREET ADDRESS		NAME	4842 ASHLEY MANOR WAY WEST	1.2 NAME			Frances, Mark
CITY-ST-ZIP		STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS			12441 S Wilshire
TITLE	D	NAME	WILSON, RHONDA	1.4 CITY-ST-ZIP			Miami, FL 33176
STREET ADDRESS		NAME	720 RED FERN ROAD	2.1 TITLE	Change	Addition	
CITY-ST-ZIP		STREET ADDRESS	TALLAHASSEE FL	2.2 NAME			Pantalone, Andre
TITLE	D	NAME	MCMAHAN, JANET	2.3 STREET ADDRESS			4842 Ashley Manor Way West
STREET ADDRESS		NAME	2833 PIRATES POINT ROAD	2.4 CITY-ST-ZIP			Jacksonville, FL
CITY-ST-ZIP		NAME	YULEE FL	3.1 TITLE	Change	Addition	
TITLE	D	NAME	HALLAS, TERESA	3.2 NAME			Wilson, Rhonda
STREET ADDRESS		NAME	6439 COUNT TURF TRAIL	3.3 STREET ADDRESS			720 Red Fern Rd
CITY-ST-ZIP		NAME	TALLAHASSEE FL	3.4 CITY-ST-ZIP			Tallahassee, FL
TITLE		NAME		4.1 TITLE	Change	Addition	
STREET ADDRESS		NAME		4.2 NAME			Lieberman, Eleanor
CITY-ST-ZIP		NAME		4.3 STREET ADDRESS			7737 N. Kendall
TITLE		NAME		4.4 CITY-ST-ZIP			Miami, FL 33156
STREET ADDRESS		NAME		5.1 TITLE	Change	Addition	
CITY-ST-ZIP		NAME		5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS		NAME		5.4 CITY-ST-ZIP			
CITY-ST-ZIP		NAME		6.1 TITLE	Change	Addition	
TITLE		NAME		6.2 NAME			
STREET ADDRESS		NAME		6.3 STREET ADDRESS			
CITY-ST-ZIP		NAME		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: Eleanor Lieberman - Treas. 1/2/98 596-3030

CR2E037 (10/97)