

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT 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 # **N96000002519 (4)**

1. Corporation Name

**HEPATITIS AND LIVER AWARENESS GROUP OF SOUTH FLO  
RIDA, INC.**

Principal Place of Business

Mailing Address

% JAMES FARRELL  
1653 NE 32ND ST.  
FT. LAUDERDALE FL 33334

% JAMES FARRELL  
1653 NE 32ND ST.  
FT. LAUDERDALE FL 33334-5319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/13/1996</b>		3a. Date of Last Report <b>n/a</b>	
21 Suite, Apt. #, etc.		26 <b>PO Box 16654</b>		4. FEI Number <b>65-0675154</b>		Applied For Not Applicable	
22 City & State		27 <b>Plantation, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 <b>33318</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 <b>USA</b>		30 <b>USA</b>		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

JOFFE, BARBARA J  
5860 SW 4TH COURT  
PLANTATION FL 33317

81 Name	<b>Farrell, James P.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1653 NE 32 ST</b>
83	
84 City	<b>Ft. Lauderdale, FL</b>
85 Zip Code	<b>33334</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 James P. Farrell **James P. Farrell** **4-7-97**  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERNANDEZ, MAYRENE</b>	1.2 NAME	<b>Kathy Pope</b>
STREET ADDRESS	<b>1100 SW 32ND STREET</b>	1.3 STREET ADDRESS	<b>1735 SW 29 Ave</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33315</b>	1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33312</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLISSEL, JENNA</b>	2.2 NAME	
STREET ADDRESS	<b>2002-A NATURA BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAESAR, JOSEPH R JR.</b>	3.2 NAME	
STREET ADDRESS	<b>861 NO FIGTREE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRELL, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>1653 NE 32ND STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33334</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASS, ANDREW</b>	5.2 NAME	
STREET ADDRESS	<b>1502 CAYMAN WAY C4</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33066</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATCHER, CLINTON</b>	6.2 NAME	
STREET ADDRESS	<b>2516 MADISON STREET</b>	6.3 STREET ADDRESS	<b>6800 NE 22 Way - unit 2127</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	6.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>

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 James P. Farrell **James P. Farrell** **4-7-97** **454-561-5711**

CR2E037 (9/96)