


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # N96000005097 (8) 1. Corporation Name FINANCIAL ENRICHMENT EDUCATION FOUNDATION, INC.					
Principal Place of Business 5231 NW 12 CT. LAUDERHILL FL 33313			Mailing Address 5231 NW 12 CT. LAUDERHILL FL 33313-6416		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/02/1996 3a. Date of Last Report 10/02/1996	
4. FEI Number 65-0698235		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent SMITH, JAMES 5300 NW 17 CT. LAUDERHILL FL 33313			
9. Name and Address of New Registered Agent SMITH, JAMES 5300 NW 17 CT. LAUDERHILL FL 33313		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <i>James Smith</i> JAMES SMITH 4/28/97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME SMITH, JAMES STREET ADDRESS 5300 NW 17 CT. CITY-ST-ZIP LAUDERHILL FL 33313			1.1 TITLE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Smith, James 1.3 STREET ADDRESS 5300 N.W. 17 CT. 1.4 CITY-ST-ZIP LAUDERHILL, FL 33313		
TITLE D <input type="checkbox"/> DELETE NAME HUGGINS, SHIRLEY STREET ADDRESS 1565 NW 31 WAY CITY-ST-ZIP FT. LAUDERDALE FL 33311			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DV <input type="checkbox"/> DELETE NAME STRIGGLE, MITCHELL STREET ADDRESS 701 NW 15 TER. APT. #5 CITY-ST-ZIP FT. LAUDERDALE FL 33311			3.1 TITLE Senior V.P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Striggle, Mitchell 3.3 STREET ADDRESS 701 N.W. 15 Ter Apt #5 3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33311		
TITLE DT <input type="checkbox"/> DELETE NAME HALL, STEVE STREET ADDRESS 5301 NW 25 CT. APT. 102 CITY-ST-ZIP LAUDERHILL FL 33313			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE NAME JACKSON, ROBERT STREET ADDRESS 2680 NW 31 AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33311			5.1 TITLE C/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME JOHN WILLIAMS 5.3 STREET ADDRESS 5231 N.W. 12 CT 5.4 CITY-ST-ZIP LAUDERHILL, FL 33313		
TITLE DS <input type="checkbox"/> DELETE NAME JACKSON, CHARLENE STREET ADDRESS 2680 NW 31 AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33311			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 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 in an attachment with an address. SIGNATURE: <i>John Williams</i> JOHN WILLIAMS 4/28/97 954-316-8349 Signature and typed or printed name of signing officer or director. Date Daytime Phone # 0034862					



CR2E037 (9/96)