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FILED
May 13 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 # N96000005376 (6)

1. Corporation Name
EXCELSIOR ALUMNI ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
20401 NW 2ND AVENUE SUITE 300 MIAMI FL 33169

3. Date Incorporated or Qualified 10/21/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 65-0701381 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
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

10. Name and Address of New Registered Agent

MASON, MARION
9454 SW 148TH AVENUE
MIAMI FL 33186

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 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 D ~~EVERETT, MICHAEL~~ DELETE
NAME
STREET ADDRESS ~~0520 NW 30TH AVE~~
CITY-ST-ZIP ~~LAUDERDALE LAKES FL 33308~~
TITLE D DELETE
NAME BERNARD, MARLENE
STREET ADDRESS 624 NE 205 TERR.
CITY-ST-ZIP MIAMI FL 33179
TITLE D DELETE
NAME HARRIS, GEORGE
STREET ADDRESS 19377 NW 62ND AVENUE
CITY-ST-ZIP MIAMI FL 33015
TITLE D DELETE
NAME AITCHESON, MICHAEL
STREET ADDRESS 1259 SUSSEX DR.,
CITY-ST-ZIP N. LAUDERDALE FL 33068
TITLE D DELETE
NAME HINDS, AUDREA MASTER
STREET ADDRESS 7884 SW 152 AVE., #13
CITY-ST-ZIP MIAMI FL 33193
TITLE D DELETE
NAME SAMUELS, SHELIA
STREET ADDRESS 530 NW 214 ST., #104
CITY-ST-ZIP MIAMI FL 33169

1.1 TITLE PRESIDENT Change Addition
1.2 NAME PAMELLA B WATSON
1.3 STREET ADDRESS 8980 NW 8TH ST
1.4 CITY-ST-ZIP Pembroke Pines, FL 33024
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

CFR2037 (9/96)