FILE NOW: FILING FEE IS $61.25

FILED
Jan 30 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 # N96000005931 (8)

1. Corporation Name
DISABLED ASSISTING DISABLED, INC.

Principal Place of Business	Mailing Address
5115 N.W. 28TH AVE. FORT LAUDERDALE FL 33309	5115 N.W. 28TH AVE. FORT LAUDERDALE FL 33309-2920

3. Date Incorporated or Qualified: 11/20/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent

WEIGLE, KYLE LEWIS ESQ.
100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	BROWN, JOHNNY		1.2 NAME	
STREET ADDRESS	201 W. BROWARD BLVD.-DISTRICT 10		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	GUY, ANDREA MS.		2.2 NAME	
STREET ADDRESS	201 W. BROWARD BLVD.-DISTRICT 10		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	HOLCOMBE, WILL DR.		3.2 NAME	
STREET ADDRESS	225 E. LAS OLAS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP	
TITLE	ED	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	JACKSON, MASON		4.2 NAME	
STREET ADDRESS	330 N. ANDREWS AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	MACONNELL, ROBERT		5.2 NAME	
STREET ADDRESS	1300 SOUTH ANDREWS AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		5.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	NORKKUNAS, WILLIAM J		6.2 NAME	
STREET ADDRESS	5115 N.W. 28TH AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: William J. Norkunas (954) JANUARY 4, 1997 454-7149