

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000911 (4)		99 FEB 16 AM 10:23	
1. Corporation Name FLORIDA MEMORIAL COLLEGE NATIONAL ALUMNI ASSOCIATION, INC.		3. Date Incorporated or Qualified 02/18/1997	
Principal Place of Business 15800 NORTHWEST 42ND AVE. OPA LOCKA FL 33064		4. FEI Number 59-323 0209	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 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	
2a. Mailing Address 26 100 N.W. 141 Ave 27 Suite, Apt. #, etc. 28 Apt. 103 29 City & State 30 Pembroke Pines, Fla. 31 Zip 32 33028 33 Country		9. Name and Address of Current Registered Agent JACKSON-HOLMES, FLORA 10735 NORTHWEST 7TH AVE. MIAMI FL 33168	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		REINSTATEMENT	
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: William C. McCormick Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 12/4/98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME WIGGINS, PAUL STREET ADDRESS 10216 MILLPORT DRIVE CITY-ST-ZIP TAMPA FL 33626		1.1 TITLE PD 1.2 NAME MCCORMICK WILLIAM 1.3 STREET ADDRESS 4951 NW 86TH TERR 1.4 CITY-ST-ZIP LAUDERHILL, FL 33351	
TITLE VD NAME WETHERINGTON, WALTER STREET ADDRESS 12110 KINGS ARROW STREET CITY-ST-ZIP WASHINGTON DC 20721		2.1 TITLE VD 2.2 NAME DAVIS, GEORGE 2.3 STREET ADDRESS 11121 SW 172 AVE 2.4 CITY-ST-ZIP MIAMI, FL 33157	
TITLE TD NAME CLARKSON, CAROLYN STREET ADDRESS 19532 NORTHWEST 38TH COURT CITY-ST-ZIP MIAMI FL 33055		3.1 TITLE TD 3.2 NAME WILLIAMS, JAMES 3.3 STREET ADDRESS 900 NW 141 AVE #103 3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028	
TITLE SD NAME VINE-MALONE, DWAN STREET ADDRESS 903 BUTTWOOD AVE. CITY-ST-ZIP NORTH LAUDERDALE FL 33068		4.1 TITLE SD 4.2 NAME BENJAMIN, CHRISTOPHER 4.3 STREET ADDRESS 16400 NW 32 AVE M-19 4.4 CITY-ST-ZIP MIAMI, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: William C. McCormick		12/4/98 954747-7477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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