


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001783 (6)**

1. Corporation Name

**FLORIDA MULTIDISTRICT ROTARY YOUTH EXCHANGE, INC**



Principal Place of Business <b>1108 PALMVIEW AVE. BELLEAIR FL 34616-1013</b>	Mailing Address <b>1108 PALMVIEW AVE. BELLEAIR FL 34616-1013</b>
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3. Date Incorporated or Qualified <b>03/28/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59 3445807</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CLARK, KEITH 1108 PALMVIEW AVE. BELLEAIR FL 34616-1013</b>	
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10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, KEITH</b>
STREET ADDRESS	<b>1108 PALMVIEW AVE.</b>
CITY-ST-ZIP	<b>BELLEAIR FL 34616-1013</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LYONS, MIKE</b>
STREET ADDRESS	<b>188 RAIN TREE TRAIL</b>
CITY-ST-ZIP	<b>JUPITER FL 33438</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIEGAL, JOHN</b>
STREET ADDRESS	<b>3625 LAKE EMMA</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32741</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>KAMINGA, LEW</b>
STREET ADDRESS	<b>608 W. SWAN AVE.</b>
CITY-ST-ZIP	<b>TAMPA FL 33606-2728</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, LINDSAY</b>
STREET ADDRESS	<b>1318 SAN MATEO DRIVE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSTON, ORVILLE</b>
STREET ADDRESS	<b>501 SYCAMORE LANE</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Dr Sandy Burkart</b>
2.3 STREET ADDRESS	<b>P O Box 173 "N/A"</b>
2.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33097 0173</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jorge Blondet</b>
6.3 STREET ADDRESS	<b>2701 E 122nd Ave</b>
6.4 CITY-ST-ZIP	<b>Tampa, FL 33612 4714</b>

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: *Lew Kaminga* **Lew Kaminga Apr 7, 1998 813 251 4127**

CR2E037 (10/97)