


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39000** (5)  
1. Corporation Name  
**NATIONAL LEUKEMIA RESEARCH ASSOCIATION, INC.**



Principal Place of Business <b>585 STEWART AVE. GARDEN CITY NY 11530 US</b>	Mailing Address <b>585 STEWART AVE. GARDEN CITY NY 11530 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> <b>SAME AS ABOVE</b>		2a. Mailing Address <b>26</b> <b>SAME AS ABOVE</b>		3. Date Incorporated or Qualified <b>05/28/1992</b>	3a. Date of Last Report <b>08/23/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>11-2106778</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country <b>25</b>		Country <b>30</b>		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	

9. Name and Address of Current Registered Agent

**PEREZ, RAYMOND V  
180 N.E. 128 TERRACE  
MIAMI FL 33161**

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**

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWAB, GILBERT</b>	1.2 NAME	
STREET ADDRESS	<b>31 STAUBER DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLAINVIEW NY</b>	1.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTOLO, WILLIAM P</b>	2.2 NAME	
STREET ADDRESS	<b>1435 BROADWAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMANUELE, NICK</b>	3.2 NAME	
STREET ADDRESS	<b>7403 QUEENS BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ELMHURST NY</b>	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFTER, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>ONE KENSINGTON RD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BABYLON NY</b>	4.4 CITY - ST - ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINBERG, ALLAN D</b>	5.2 NAME	
STREET ADDRESS	<b>993 WOODOAK DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BALDWIN NY</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 **Gilbert A. Schwab** 01/16/97 15/6223 1944

CR2E037 (4/97)