PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P93000028784 (5)

- MAYER FOUNDATION FOR MEDICAL THERAPIES INC. -

THE COLEMAN INSTITUTE INC.

Principal Place of Business

190 N.E. 199TH 9T.

CHITC.AGL.

Mailing Address 100 N.E. 100TH ST. APPROVED AND

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SECRETARY OF STATE

TALLA	HASSEE.	FLORIDA	

21 830 E Oakland Park Blvd Suite, Apt. #, etc. 26 830 E Oakland Park Blvd Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional	N. MIAMI BEACH FL 33179		N. MIAMI-BEACH FL-80179		3. Date Incorporated or Qualified 04/19/1993	1	3a. Date of Last Report 01/24/1995	
Suite, Apt. #, etc. Suite 105				_		4. FEI Number		Applied For
Suite 105			and the second s	nd Pai	k Blvd	65-0408860		Not Applicable
Suite 105 27 Suite 105 6. Election Compagin Financing City & State Port Lauderdale FL 28 Fort Lauderdale FL 28 Fort Lauderdale FL 33334 25 U.S.A. 28 33334 30 U.S.A. 8. This corporation has fability for intangible tax under s 199.032, Florida Statutes 100 Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 1531 NE 15TH AVE. FT. LAUDERDALE FL 33304 82 Street Address (P.O. Box Number is Not Acceptable) 11. Frankent to the precipion of Sections 607.0502 and 607.1508, I brids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 2 purpose of the precipion of Cocons (P.O. Box Number is Not Acceptable) 11. Frankent to the precipion of Sections 607.0502 and 607.1508, I brids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 2 purpose of precipions of Section 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 2 purpose of Section 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 2 purpose of precipions to be of directors. Thereby accept the appointment as registered agent. I am Norman J. Embree January 16, 1996 SIGNATURE Proceed and directors and purpose of precipions to be						5. Certificate of Status Desired	ĝζ	
PORT Lauderdale PL 28 Fort Lauderdale FL Country Zip Sa3334 B U.S.A. 29 33334 D.S.A. 8. This corporation has lability for intangible tax under s 199,032, Florida Statutes 20 Yes No Norman J. Street Address of New Registered Agent 10, Name and Address of New Registered Agent 10, Name 10, Nam		ite 1 <u>05</u>		105				Fee Required
Zip		domain la		ofety	स्त	. 0	П	
9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)				·				
### BREE, NORMAN J 82 Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City			33334	·	S.A.	· · · · · · · · · · · · · · · · · · ·		x under s 199.032,
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 in the receiver of the address.

SIGNATURE:

Norman J. Embree P/T/S

954-565-4030

CR2E034 (12/95)