

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000005428 (6)**

1. Corporation Name

**FRIENDS OF THE DCCOSW, INC.**



Principal Place of Business	Mailing Address
C/O ROCHELLE S. LEVIN, ESQ. 444 BRICKELL AVE., SUITE 300 MIAMI FL 33131	C/O ROCHELLE S. LEVIN, ESQ. 444 BRICKELL AVE., SUITE 300 MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/15/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0642991	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
		7. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEVIN, ROCHELLE S ESQ. 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131		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. (401) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Janice O'Rourke
STREET ADDRESS		13 STREET ADDRESS	444 Brickell Ave., #300
CITY-ST-ZIP		14 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Vice President/Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Rochelle S. Levin
STREET ADDRESS		23 STREET ADDRESS	444 Brickell Ave., #300
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Dorie Lurie
STREET ADDRESS		33 STREET ADDRESS	444 Brickell Ave., #300
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	300001845383 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-05/31/96--01018--010
STREET ADDRESS		63 STREET ADDRESS	***61.25
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Rochelle S. Levin Rochelle S. Levin, VP 5/1/96 Date 305 358-581 Daytime Phone

CR2E037 (12/95)