

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N94000006204 (1)**

1. Corporation Name  
**500 ROLE MODELS OF EXCELLENCE PROJECT, INC.**



Principal Place of Business <b>1450 N.E. 2ND AVE. SUITE 309 MIAMI FL 33132</b>		Mailing Address <b>1450 N.E. 2ND AVE. SUITE 309 MIAMI FL 33132</b>		3. Date Incorporated or Qualified <b>12/20/1994</b>	3a. Date of Last Report <b>05/02/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>22 Suite 700</b> City & State	2a. Mailing Address 26 Suite, Apt. #, etc. <b>27 Suite 700</b> City & State	4. FEI Number <b>65-0575014</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent <b>WILSON, FREDERICA S 1450 N.E. 2ND AVENUE SUITE 309 MIAMI FL 33132</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>83 Suite 700</b> 84 City <b>FL</b> 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, FREDERICA S</b>	1.2 NAME	
STREET ADDRESS	<b>1450 N.E. 2ND AVE. SUITE 309</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>CARTER, DONNIE</b>	2.2 NAME	
STREET ADDRESS	<b>1450 N.E. 2ND AVE. SUITE 352</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>GREER, TEE S DR.</b>	3.2 NAME	
STREET ADDRESS	<b>1450 N.E. 2ND AVE. SUITE 413</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>DAWKINS, VINCENT</b>	4.2 NAME	
STREET ADDRESS	<b>1450 N.E. 2ND AVE. SUITE 652</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>WALLACE, FRED</b>	5.2 NAME	
STREET ADDRESS	<b>2929 S.W. 3RD AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>STRACHAN, RICHARD DR</b>	6.2 NAME	
STREET ADDRESS	<b>8841 N.W. 14TH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 or changed, or on an attachment with an address.

**SIGNATURE: Frederick S Wilson, Director** Date \_\_\_\_\_ Daytime Phone # **0006867**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)