

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:28

DOCUMENT # 737604 (9)

1. Corporation Name
VARIETY CHILDREN'S HOSPITAL FOUNDATION, INC.

Principal Place of Business Mailing Address
3000 S.W. 62ND AVE. 3000 S.W. 62ND AVE.
MIAMI FL 33155 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1720704	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	26 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BASSETT, HARRY HOOD JR
STREET ADDRESS	3000 S.W. 62ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DP
NAME	WALTERS, DAVID M.
STREET ADDRESS	3000 S.W. 62ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	BLANK, MARK
STREET ADDRESS	3000 SW 62 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	SNOWDEN, LUCILLE D-
STREET ADDRESS	3000 S.W. 62ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	AT
NAME	MIGGINS JR, JAMES E
STREET ADDRESS	3000 S.W. 62ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	NAHMAD, ALBERT H
STREET ADDRESS	3000 S.W. 62ND AVE
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	AS
43 STREET ADDRESS	ALAN E. LYONS
44 CITY - ST - ZIP	3000 S.W. 62 AVE MIAMI, FL 33155
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Miggins Jr **JAMES E. MIGGINS JR** 6-14-95 (20) **666-2889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)