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).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

ANTHONY R. ABRAHAM FOUNDATION, INC.

Country

9, Name and Address of Current Registered Agent

25

Principal	Place	of	Business

Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

6600 S.W. 57 AVENUE MIAMI FL 33143

21

23

24

Zip

6600 S.W. 57 AVENUE MIAM! FL 33143

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

8. This corporation owes or has paid the current year Intangible

3a. Date of Last Report

☐ Yes

04/22/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

FILED

Sep 25 1997 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

4. FEI Number

3. Date Incorporated or Qualified

06/30/1978

59-1837290

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

1111 LIN SUITE 50 MIAMI BE	NICHOLAS M ESQ. COLN ROAD COLN FL 33139 To the provisions of Sections 617,0502 and 617.	1508 Florida Statutes	82 83 84	City	Address (P.C	S.C	<i></i>	Not Acc	7** A	ンチ・ FL ⁸⁵	Zip (ノソシ	
office of r agent. I a SiGNATURE	egistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of	ction 617.0503, Florid	horized by da Statute:	the corp s.	oration's bo	ard of dir	ectors.	hereby	accept th	e appointme	ent as i	registered	
12.	Signature, typed or printed name of registered agont and title if ag OFFICERS AND DIRECTO			nt signature	required when re								⅃,
TITLE	PD OFFICERS AND DIRECTO	DELETE	13.		AL CL	DUITIONS	CHANG	3ES 10 (OFFICER	S AND DIRE		S IN 12 Addition	⊢ ¦
NAME	ABRAHAM, ANTHONY R		12 NAME		Hadda	ad. W	/illiar	n			iaiiyo	L_J Addition	
STREET ADDRESS	727 SOUTH ALHAMBRA CIRCLE		1.3 STREET	WUDDEGG					Ave.	Ste 70	0		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - S		Chica	ao. I	L 6	0601			•		Į
TITLE	SD /	DELETE	2.1 TITLE	1-71		9-, .				T Cr	nange	Addition	$\exists 8$
NAME	ABRAHAM, THOMAS G		2.2 NAME										Т
STREET ADDRESS	330 SOLANO PRADO		2.3 STREET	ADDRESS									1
CITY-ST-ZIP	CORAL GABLES FL 33143		2. 4 CITY - 5										1
TITLE	DUP	DELETE	3.1 TITLE						-	☐ Cr	hange	Addition	1
NAME	SHAKER, ANTHONY		3.2 NAME										
STREET ADDRESS	1118 N. KENILWORTH AVENUE		3.3 STREET	ADDRESS									
CITY-ST-ZIP	OAK PARK IL 60302		3.4. CITY-5	37-ZIP									
TITLE	D '	DELETE	4.1 TITLE							CI CI	nange	Addition	1
NAME	MALOUF, THOMAS H		4. 2 NAME										
STREET ADDRESS	3109 MOSS VALE LANE		4.3 STREET	ADDRESS									
CITY-ST-ZIP	TAMPA FL 33618		4.4 CITY-S	T-ZIP									
TITLE	D	☐ DELETE	5.1 TITLE				•			☐ Ch	nange	Addition	1
NAME	ABRAHAM, NORMA JEAN		5.2 NAME	•									
STREET ADDRESS	6816 CAMARIN		5.3 STREET	ADDRESS									1
CITY-ST-ZIP	CORAL GABLES FL 33146		5.4 CITY-S	T- Z IP									
TITLE	D	DELETE	6.1 TITLE							☐ Ch	iange	Addition	1
NAME ,	SḤAKER, HELEN		6.2 NAME										1
STREET ADDRESS	1111 FRANKLIN AVENUE		6.3 STREET	ADDRESS								_	1
DITY-ST-ZIP	RIVER FOREST IL 60305		6.4 CITY - S	T-71P								,	

6.4 CITY-ST-ZIP 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 chapted, or one stage ment with an address.

Country

R1 Nome

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