FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90095 041 ****61.25

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DOCUMENT # 754940

1. Corporation Name

MAURICE A. ROTHMAN AND THELMA P. ROTHMAN FAMILY Y FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MARGIE R. GREEN 5700 70TH AVE. NO. PINELLAS PARK FL 33781 US	C/O MARGIE R. GREEN 5700 70TH AVE. NO. PINELLAS PARK FL 33781 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/31/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2061386 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GREEN, MARGIE R.
5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TURVILLE, EDWARD A		1.2 NAME	
STREET ADDRESS	5700 70TH AVE. NO.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PILNELLAS PARK FL		1.4 CITY-ST-ZIP	
TITLE	DPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, MARGIE R.		2.2 NAME	
STREET ADDRESS	5700 70TH AVE. NO.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANE, CAROL R.		3.2 NAME	
STREET ADDRESS	5700 70TH AVE., N.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margie R. Green SIGNATURE REQUIRED Margie R. Green 1/27/99 727-545-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #