


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90023 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755952** ✓

1. Corporation Name  
**MEMORIAL FOUNDATION, INC.**



Principal Place of Business 3501 JOHNSON ST HOLLYWOOD FL 33021	Mailing Address 3501 JOHNSON ST HOLLYWOOD FL 33021
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2. Principal Place of Business 21 3435 Johnson Street Suite, Apt. #, etc.	2a. Mailing Address 26 3435 Johnson Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/16/1981
22 City & State 23 Hollywood, FL	27 City & State 28 Hollywood, FL	4. FEI Number 59-2082218 Applied For Not Applicable
24 Zip 33021 25 Country USA	29 Zip 33021 30 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  SIPOS, DORIS K 3700 JOHNSON ST HOLLYWOOD FL 33021	81 Name Doris K. Sipos
	82 Street Address (P.O. Box Number is Not Acceptable) 3435 Johnson Street
	83
	84 City Hollywood FL 85 Zip Code 33021

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 Doris K. Sipos DATE 7/13/99  
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 NAME STREET ADDRESS CITY-ST-ZIP	TRC SAYFIE, ERNEST G M.D. 1117 E. HALLANDALE BEACH BLVD. HALLANDALE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VCD BRIZEL, HERBERT E MD 3501 JOHNSON STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LIVINGSTON, MD 3501 JOHNSON ST. HOLLYWOOD FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD SCHUSTER, CARL E 200 E. BROWARD BLVD FT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAN, MILDRED 4700 SHERIDAN ST. #J HOLLYWOOD FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MASI, NICK P 2401 LAGUNA DR. FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SIPOS, DORIS K 3700 JOHNSON ST HOLLYWOOD FL 33021 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MASI, WENDY P 2401 LAGUNA DR FT LAUDERDALE FL 33316 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Doris K. Sipos DATE 7/13/99 (954) 985-3454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)