

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767133 (2)
1. Corporation Name
THE ANDY SWEET MEMORIAL FOUNDATION, INC.

Principal Place of Business Mailing Address
4601 NORTH BAY ROAD MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1983** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-2236299** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

BRYN, MARK
444 BRICKELL AVE #750
MIAMI FL 33131

change

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2 South Biscayne Blvd, #3599**
83
84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (hand or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERTNOY, EARL
STREET ADDRESS	5825 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VD
NAME	SWEET, AUDREY
STREET ADDRESS	4601 NORTH BAY RD.
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	VD
NAME	SWEET, NELAN
STREET ADDRESS	4601 N. BAY RD
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	SD
NAME	GIDNEY, MARK A
STREET ADDRESS	328 71ST ST
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	TD
NAME	HUNTER, BLACKIE
STREET ADDRESS	420 LINCOLN ROAD
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	BUDLOW, EVELYN
STREET ADDRESS	10110 W. BAY HARBOR DR. #8
CITY - ST - ZIP	BAY HARBOR ISLANDS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5660 Collins Avenue
14 CITY - ST - ZIP	Miami Beach, FL 33140
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 type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
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:

Candrey Sweet Audrey Sweet

2/24/95

305 538-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE SIGNATURE PHONE #