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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 767133 (2)

1. Corporation Name
THE ANDY SWEET MEMORIAL FOUNDATION, INC.



Principal Place of Business: 4601 NORTH BAY ROAD MIAMI BEACH FL 33140
Mailing Address: 4601 NORTH BAY ROAD MIAMI BEACH FL 33140-2811

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 02/02/1996
4. FEI Number: 59-2236299
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
BRYN, MARK
2 SOUTH BISCAYNE BLVD
SUITE 3599
MIAMI FL 33131

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: PD DELETE
1.2 NAME: PERTNOY, EARL
1.3 STREET ADDRESS: 5680 COLLINS AVENUE
1.4 CITY-ST-ZIP: MIAMI BEACH FL
2.1 TITLE: VD DELETE
2.2 NAME: SWEET, AUDREY
2.3 STREET ADDRESS: 4601 NORTH BAY RD.
2.4 CITY-ST-ZIP: MIAMI BEACH FL 33140
3.1 TITLE: VD DELETE
3.2 NAME: SWEET, NELAN
3.3 STREET ADDRESS: 4601 N. BAY RD
3.4 CITY-ST-ZIP: MIAMI BEACH FL
4.1 TITLE: SD DELETE
4.2 NAME: GIDNEY, MARK A
4.3 STREET ADDRESS: 326 71ST ST
4.4 CITY-ST-ZIP: MIAMI BEACH FL
5.1 TITLE: TD DELETE
5.2 NAME: HUNTER, BLACKIE
5.3 STREET ADDRESS: 420 LINCOLN ROAD
5.4 CITY-ST-ZIP: MIAMI BEACH FL
6.1 TITLE: D DELETE
6.2 NAME: BUDLOW, EVELYN
6.3 STREET ADDRESS: 10110 W. BAY HARBOR DR. #6
6.4 CITY-ST-ZIP: BAY HARBOR ISLANDS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME: MOSS, ELLEN
5.3 STREET ADDRESS: 4523 POST AVE
5.4 CITY-ST-ZIP: MIAMI BEACH, FL
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I 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 changed, or on an attachment with an address.

SIGNATURE: Audrey Sweet (REQUIRED) 2/24/97 305-538-2891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029608

CR2E037 (9/96)