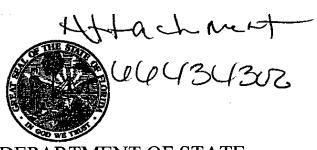
FILED Sep 30, 2004 8:00 am Secretary of State 09-10-2004 90008 006 ****61.25

| DOCUMENT # N0200002932 1. Entity Name THE JAYNE AND LEONARD ABESS FOUNDATION, INC. | | | | | | .102 | . | |
|---|---|--|----------------------|--|-----------------------|-------------------|-----------------------|------------|
| Principal Place of Business C/O LEONARD L ABESS IR 25 WEST FLAGLER STREET MIAMI, FL 33130 | | Mailing Address C/O LEONARD L ABESS JR 25 WEST FLAGLER STREET MIAMI, FL 33130 | | | | | 11111 | |
| 2. Principal Place of Business | | -3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03192003 Ch | ng-NP CR | 2E037 (10/03) | |
| City & State | | City & State | | | 4. FEI Number | <u></u> | Applicable | |
| Žip | Country | Zip | Country | _ | 5. Certificate of Sta | | Fee Required | |
| 6. Name and Address of Current Registered Agent | | | Nam | 7. Name and Address of New Registered Agent Name | | | | |
| STRICKROOT, JOHN C 100 SE 2ND STREET 17TH FLOOR | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI, FL 33130 | | | · | | | | | |
| | | | City | | · . | | FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | |
| SIGNATURE Signature, speed or priviled name of registered agains and title of applicable. (NOTE: Registered Agens signature required when reinstating) DATE | | | | | | | | |
| Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to | | | | | | | | |
| D | ue by September 8, 2004 | Trust Fund | Contribution. | | Added to Fees | Florida D | epartment of Sta | rte |
| 10. | OFFICERS AND DI | | 11. Inte | 24. | ADDITIONS/CHANGE | ES TO OFFICERS AN | D DIRECTORS IN Change | |
| TITLE NAME | ABESS, JAYNE | Delete | NAME | 10.0 | hley Abe | 22 | 1 dente (| Notice to |
| STREET ADDRESS | 25 WEST FLAGLER STREET | | STREET ADDRE | | W. Flag | L 33130 | | ł |
| CITY-\$1-ZIP | MIAMI, FL 33130 | Dekte | TITLE | - 1., | lami, F | C 33/30 | Change · | Addition |
| NAME | ABESS, LEONARD L JR | gas Donce | NAME | ŀ | | | | . — |
| STREET ADDRESS CITY-ST-ZIP | 25 WEST FLAGLER STREET MIAMI, FL 33130 | | STREET ADDRE | SS } | | • | | |
| TITLE | DS DS | ⊠ . Delete | TITLE | | | | ☐ Change | Addition |
| HAME . | BRADY, THOMAS B | | NAME | _ | | | | |
| SIREET ADDRESS CITY-ST-ZIP | 25 WEST FLAGLER STREET MIAMI, FL 33130 | | STREET ADORE | ss | | | | |
| IIILE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | , | • | NAME STOCKS HOOSE | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | • | STREET ADORE | »» | | | | |
| TITLE | | ☐ Delete | TITLE | - [· | | | ☐ Change | Addition |
| NAME CIDELL ADDRESS | | . • | MAME Street adore | | | | | |
| STREET ADDRESS City-St-21P | | | CITY-ST-ZIP | ~ | | | | |
| title | 1 | ☐ Delete | TITLE | | | <u> </u> | ☐ Change | ☐ Addition |
| name Street address | | | NAME STREET ADDRE | ss | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| 12. 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 report or supplemental 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 flustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this address, with all other like empowered. | | | | | | | | |
| SIGNATURE: 19 Omar Cles Sept 7,200 % | | | | | | | | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 13, 2004

THE JAYNE AND LEONARD ABESS FOUNDATION, INC. C/O LEONARD L ABESS JR 25 WEST FLAGLER STREET MIAMI, FL 33130

Subject: THE JAYNE AND LEONARD ABESS FOUNDATION, INC.

Reference Number:

N02000002932

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG ANNUAL REPORTS SECTION