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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N09535

1. Corporation Name
FOUNDATION FOR INDEPENDENT LIVING, INC.

Principal Place of Business	Mailing Address
21741 CLUB VILLA T. BOCA RATON FL 33433	1831 LYONS RD. #108 COCONUT CREEK FL 33433 US

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 —

3. Date Incorporated or Qualifed
05/30/1985

4. FEI Number
59-2656932
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired: ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOFFMAN, PHYLLIS W
1831 LYONS ROAD #108
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name: Stuart Bederman
82 Street Address (P.O. Box Number is Not Acceptable): 3100 N.E. 47th Court #304
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

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: Stuart Bederman, President — DATE: 3/19/99
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	CD	☐ DELETE	1.1 TITLE	President - D	☐ Change ☑ Addition
NAME	MISHNER, SCOTT		1.2 NAME	Stuart Bederman	
STREET ADDRESS	21741 CLUB VILLA T.		1.3 STREET ADDRESS	3100 NE 47th Ct. #304	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	TD F	☒ DELETE	2.1 TITLE	Treasurer - D	☐ Change ☑ Addition
NAME	FRIEDKIN, RICHARD		2.2 NAME	Daniel Klein	
STREET ADDRESS	108 COMMODORE DRIVE		2.3 STREET ADDRESS	4908 Sorazen Drive	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	S	☒ DELETE	3.1 TITLE	Secretary - D	☐ Change ☑ Addition
NAME	FRIEDKIN, SANDRA		3.2 NAME	Virginia Steinweg	
STREET ADDRESS	108 COMMODORE DRIVE		3.3 STREET ADDRESS	46 Cayuga Road	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	Sea Ranch Lakes, FL 33308	
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, PHYLLIS W		4.2 NAME		
STREET ADDRESS	2323 IBIS ISLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		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		

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: SIGNATURE REQUIRED — 3/14/99 — 954-772-9452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)