FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90007 044 ****70.00

DOCUMENT # N12127

1. Corporation Name

CITY-ST-ZIP

MAKE-A-WISH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business	
2901 STIRLING ROAD STE. 210 : FT LAUDERDALE FL 33312 US	

Mailing Address 2901 STIRLING ROAD STE. 210 FT LAUDERDALE FL 333

			2a. Mailing Ad	~~~		3. Date Incorporated or Qualifed 11/18/1985				
Suite, Apt. #, etc.				Suite, Apt. #, etc.		4. FEI Number	<u> </u>		Applied For	
22			27		59-2620322			Not Applicable		
City & State				City & State		5. Certifcate of Status Desired	×	\$8:75 Additional Fee Required		
24	Zip Country Zip			Country 30		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name	· · ·				
STROM, NANCY 9860 SW 3 CT				82	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Res	gistered Agent signature re	ocuired when reinstating) DATE		-			
12.	OFFICERS AND DIRECTORS	(1412.111	13.	a Agent agreed to topings what the manage					
TITLE	D	DELETE	1.1 TITLE	,	☐ Change	Addition			
NAME	THOMPSON, JEFFREY		1.2 NAME			}			
STREET ADDRESS	2810 RIVERLAND RD		1.3 STREET ADDRESS			1			
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CITY-ST-ZIP						
TITLE	SD] DELETE	2.1 TITLE	C A The land	Zi-change	Addition			
NAME	DE ARMAS, IDALBERTO		2.2 NAME	De Armas, Idalborto					
STREET ADDRESS	440 SW 29TH ROAD		2.3 STREET ADDRESS	Amen 30 Boog					
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami PL 33129					
TITLE	OΤ] DELETE	3.1 TITLE	Mark Lazzaro	Change _	☐ Addition			
NAME	LAZARRO, MARK		3.2 NAME	1175 Fairfax Ln.					
STREET ADDRESS	1175 FAIRFAX LN		3.3 STREET ADDRESS	Ct 1 miderdale 71 333	26				
CATY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-ST-ZIP	T COLLEGE OF THE COLL					
TITLE	Į.] DELETE	4.1 TITLE	Gary Davis V	Change	Addition			
NAME			4.2 NAME	200 S. Biscayne Blvd	≠ 4000				
STREET ADDRESS			4.3 STREET ADDRESS	miamu FL 33131					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			TTI ANGELIA			
TITLE] DELETE	5.1 TTLE	Steven Demar T	☐ Change	L Addition			
NAME			5.2 NAME	2699 & Bayshore Dr #	itoo				
STREET ADDRESS			5.3 STREET ADDRESS	Manu FL 33133		•			
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE	7 (6-7/6-7)	Change	☐ Addition			
TITLE	L	DELETE	•	*	Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						

64 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: `