


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90114 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19208

1. Corporation Name
TRANSPLANT FOUNDATION OF SOUTH FLORIDA, INC.

104670 90114 28

Principal Place of Business 1150 NW 14TH ST. STE. 209B MIAMI FL 33136	Mailing Address % JEFFREY BARASH 1140 KANE CONCOURSE BAY HARBOR FL 33154
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/12/1987
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2767754
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

BARASH, A. JEFFREY
BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR FL 33154

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
 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	VPD KESSLER, ANDREA 412 POINCIANA DR FT. LAUDERDALE FL 33301	1.1 TITLE	VPD SCHATZMAN, LARRY 9500 DADELAND BLVD. STE. 610 MIAMI, FL 33156
NAME	<input checked="" type="checkbox"/> DELETE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D EAGER, GEORGE 325 CALUSA KEY LARGO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD BARASH, A. JEFFREY 1140 KANE CONCOURSE BAY HARBOR FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FRANZONE, PETE 10614 NW 12TH CT. PLANTATION FL	4.1 TITLE	PD LOWENSTEIN, ELLIOT 2100 SALZEDO ST. STE. 303 CORAL GABLES, FL 33134
NAME	<input checked="" type="checkbox"/> DELETE	4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD HEILBRONNER, EDWARD 2507 EAGLE WATCH LANE FT. LAUDERDALE FL 33327	5.1 TITLE	SD BLAKE, JANET 6014 NW 75th CT PARKLAND FL 33067
NAME	<input checked="" type="checkbox"/> DELETE	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD SCHATZMAN, LARRY 10700 SW 131ST TERR MIAMI FL 33176	6.1 TITLE	TD JORDAN, THOMAS 2601 E OAKLAND PARK BLVD, STE. 500 FT. LAUDERDALE, FL 33301
NAME	<input type="checkbox"/> DELETE	6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Elliot Lowenstein* **LO WENSTEIN** 1/11/99 305-444-9877
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)