FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 23 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26154 (7)

1. Corporation Name
THE FUTERNICK FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
%PENNY MARLIN 4200 BISCAYNE BLVD. MIAMI FL 33137	%PENNY MARLIN 4200 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0078657 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 STEPHEN E. ROSE	26 C/O STEPHEN E. ROSE
Suite, Apt. #, etc. 22 4200 BISCAYNE BLVD	Suite, Apt. #, etc. 27 4200 BISCAYNE BLVD.
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33137 / 25	Zip / Country 29 33137 / 30

9. Name and Address of Current Registered Agent

MARLIN, PENNY
4200 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of New Registered Agent

31 Name: STEPHEN E. ROSE
32 Street Address (P.O. Box Number is Not Acceptable): 4200 BISCAYNE BLVD.
33
34 City: MIAMI FL 35 Zip Code: 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephen E. Rose 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SOLOMON, JACOB	1.2 NAME	NORMAN H. LIPOFF	
STREET ADDRESS	4200 BISCAYNE BLVD.	1.3 STREET ADDRESS	1221 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LEVY, JOEL	2.2 NAME	FRANK FUTERNICK	
STREET ADDRESS	1221 BRICKELL AVE.	2.3 STREET ADDRESS	2 GROVE ISLE DR, APT 1509	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KARTZMER, MELVIN L.	3.2 NAME	LEE FUTERNICK	
STREET ADDRESS	4000 ISLAND BLVD., SUITE 307	3.3 STREET ADDRESS	2 GROVE ISLE DR, APT 1509	
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GERSON, GARY	4.2 NAME	GAIL NEWMAN	
STREET ADDRESS	666-71ST ST	4.3 STREET ADDRESS	11 ISLAND AVE, APT. 1604	
CITY-ST-ZIP	MIAMI BCH. FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DC	5.1 TITLE	D	☐ Change ☒ Addition
NAME	FUTERNICK, MORRIS	5.2 NAME	CATHE F. DELVALLE	
STREET ADDRESS	2 GROVE ISLE DR #1509	5.3 STREET ADDRESS	2 GROVE ISLE DR., APT 1509	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FUTERNICK, MIKKI	6.2 NAME		
STREET ADDRESS	2 GROVE ISLE DR. #1509	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Stephen E. Rose 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007626