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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26154 (7)
1. Corporation Name
THE FUTERNICK FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
ROSE, STEPHEN E
4200 BISCAYNE BLVD
MIAMI FL 33137
US
C/O ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI FL 33137-3210
US

3. Date Incorporated or Qualified 04/28/1988
3a. Date of Last Report 05/16/1996
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPOFF, NORMAN H	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTERNICK, MORRIS	
STREET ADDRESS	2 GROVE ISLE DR APT 1509	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTERNICK, LEE	
STREET ADDRESS	2 GROVE ISLE DR APT 1509	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, GAIL	
STREET ADDRESS	11 ISLAND AVE APT 1604	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	DELVALLE, CATHIE F	
STREET ADDRESS	2 GROVE ISLE DR. APT 1509	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTERNICK, MIKKI	
STREET ADDRESS	2 GROVE ISLE DR. #1509	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN E. ROSE	
1.3 STREET ADDRESS	4200 BISCAYNE BLVD	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK FUTERNICK	
2.3 STREET ADDRESS	2 GROVE ISLE DR, # 1509	
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARY GERSON	
3.3 STREET ADDRESS	666 71st ST.	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACOB SOLOMON	
4.3 STREET ADDRESS	4200 BISCAYNE BLVD	
4.4 CITY-ST-ZIP	MIAMI, FL 33137	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOLEE LEVY	
5.3 STREET ADDRESS	1400 NW 107 AVE	
5.4 CITY-ST-ZIP	MIAMI, FL 33172	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MELVIN KARTZMER	
6.3 STREET ADDRESS	4000 ISLAND BLVD # 307	
6.4 CITY-ST-ZIP	AVENURA, FL 33160	

14. I do 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.

Stephen E. Rose *3/16/97*

CR2E037 (9/96)