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**May 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26154 (7)

1. Corporation Name
THE FUTERNICK FAMILY FOUNDATION, INC.



Principal Place of Business ROSE, STEPHEN E 4200 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address C/O ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL 33137 US
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3. Date Incorporated or Qualified 04/28/1988	
4. FEI Number 65-0078657	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME LIPOFF, NORMAN H	STREET ADDRESS 1221 BRICKELL AVE	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE D/P	NAME FUTERNICK, MORRIS	STREET ADDRESS 2 GROVE ISLE DR APT 1509	CITY-ST-ZIP COCONUT GROVE FL	<input type="checkbox"/> DELETE
TITLE D	NAME FUTERNICK, LEE	STREET ADDRESS 2 GROVE ISLE DR APT 1509	CITY-ST-ZIP COCONUT GROVE FL	<input type="checkbox"/> DELETE
TITLE D	NAME NEWMAN, GAIL	STREET ADDRESS 11 ISLAND AVE APT 1804	CITY-ST-ZIP MIAMI BEACH FL	<input type="checkbox"/> DELETE
TITLE DC	NAME DELVALLE, CATHIE F	STREET ADDRESS 2 GROVE ISLE DR. APT 1509	CITY-ST-ZIP COCONUT GROVE FL	<input type="checkbox"/> DELETE
TITLE D/P	NAME FUTERNICK, MIKKI	STREET ADDRESS 2 GROVE ISLE DR. #1509	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/T	NAME JACOB SOLOMON	STREET ADDRESS 4200 BISCAYNE BLVD.	CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE D/S	NAME STEPHEN E. ROSE	STREET ADDRESS 4200 BISCAYNE BLVD	CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE D	NAME GARY GERSON	STREET ADDRESS 666 - 71ST ST.	CITY-ST-ZIP MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE D	NAME MELVIN KARTZMER	STREET ADDRESS 4000 ISLAND BLVD, #307	CITY-ST-ZIP N. MIAMI BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE D	NAME JOEL LEVY	STREET ADDRESS 1400 NW 107 AVE	CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *Stephen E. Rose* 4/7/98 305-576-4000

CR2E037 (10/97)