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**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90028 008 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N26154**

1. Corporation Name

**THE FUTERNICK FAMILY FOUNDATION, INC.**

289914 - 90028 - 8

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/28/1988

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

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  DELETE  
 NAME LIPOFF, NORMAN H  
 STREET ADDRESS 1221 BRICKELL AVE  
 CITY-ST-ZIP MIAMI FL

TITLE DP  DELETE  
 NAME FUTERNICK, MORRIS  
 STREET ADDRESS 2 GROVE ISLE DR APT 1509  
 CITY-ST-ZIP COCONUT GROVE FL

TITLE D  DELETE  
 NAME FUTERNICK, LEE  
 STREET ADDRESS 2 GROVE ISLE DR APT 1509  
 CITY-ST-ZIP COCONUT GROVE FL

TITLE D  DELETE  
 NAME NEWMAN, GAIL  
 STREET ADDRESS 11 ISLAND AVE APT 1604  
 CITY-ST-ZIP MIAMI BEACH FL

TITLE DC  DELETE  
 NAME DELVALLE, CATHIE F  
 STREET ADDRESS 2 GROVE ISLE DR. APT 1509  
 CITY-ST-ZIP COCONUT GROVE FL

TITLE DVP  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  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (1/198)