

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 NOV 17 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **N41887** (3)  
1. Corporation Name  
**THE BUONICONTI FUND TO CURE PARALYSIS, INC.**

Principal Place of Business Mailing Address  
1600 NW 10 AVENUE (R-48) MIAMI FL 33136  
1600 NW 10 AVENUE (R-48) MIAMI FL 33136

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified  
**01/31/1991**  
4. FEI Number Applied For  
**65-0244316** 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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**RAATTAMA, HENRY H JR  
% AKERMAN, SENTERFIT & EIDSON, P.A.  
ONE S.E. 3RD AVE., 28TH FLOOR  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | D <input type="checkbox"/> DELETE            |
| NAME                       | HANLON, TIMOTHY D                            |
| STREET ADDRESS             | 1314 MARIQUE HE PLACE #1705                  |
| CITY-ST-ZIP                | MINNEAPOLIS MN                               |
| TITLE                      | C <input type="checkbox"/> DELETE            |
| NAME                       | SCHNEDIER, JOHN A                            |
| STREET ADDRESS             | 711 FIFTH AVENUE, 9TH FLOOR                  |
| CITY-ST-ZIP                | NEW YORK NY                                  |
| TITLE                      | T <input type="checkbox"/> DELETE            |
| NAME                       | BERNING, DIANA C                             |
| STREET ADDRESS             | 1600 NW 10 AVENUE, 4-48                      |
| CITY-ST-ZIP                | MIAMI FL                                     |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE |
| NAME                       | BUNGE, PH.D. M                               |
| STREET ADDRESS             | 1600 NW 10 AVE, R-48                         |
| CITY-ST-ZIP                | MIAMI FL                                     |
| TITLE                      | D <input type="checkbox"/> DELETE            |
| NAME                       | BUONICONTI, NICHOLAS A                       |
| STREET ADDRESS             | 225 ARVIDA PARKWAY                           |
| CITY-ST-ZIP                | CORAL GABLES FL                              |
| TITLE                      | VCS <input type="checkbox"/> DELETE          |
| NAME                       | BUONICONTI, MARC                             |
| STREET ADDRESS             | 225 ARVIDA PARKWAY                           |
| CITY-ST-ZIP                | CORAL GABLES FL                              |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    | 2104 Wilkinson Place   |
| 1.4 CITY-ST-ZIP                                       | Alexandria, VA 22306   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 2.2 NAME  | <b>200002694982-4</b>  |
| 2.3 STREET ADDRESS                                    | <b>-11/24/98-01025-011</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>*****70.00 *****70.00</b>   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    | <b>TS. 11/19/98 ADZ</b>  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | William Stokkan  |
| 4.3 STREET ADDRESS                                    | 1600 NW 10 Avenue R-48   |
| 4.4 CITY-ST-ZIP                                       | Miami, FL 33136  |
| 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    | 445 Grand Bay Drive  |
| 5.4 CITY-ST-ZIP                                       | Key Biscayne, FL 33145   |
| 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    | 10 Edgewater Dr, 9-H   |
| 6.4 CITY-ST-ZIP                                       | Coral Gables, FL 33133-2314  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Diana C Berning* 11/13/98 305/243-6001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028965

CR2E037 (10/97)



November 16, 1998

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Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

RE: 1998 Annual Report #N41887

To Whom It May Concern:

Please find enclosed our Corporation filing for 1998. Our office was moved at the end of February and a box containing this report was accidentally moved to our warehouse storage space. When I received the box at the end of last week, I discovered we had never filed our annual report. Usually we receive a second notice which would have reminded me to file this report, but for some reason we did not receive one this year.

I have included the normal fee with this filing, please let me know if I owe additional monies as a penalty for filing this form so late.

Sincerely,

  
Diana C. Berning