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 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48080** **(8)**

1. Corporation Name

THE DAN MARINO FOUNDATION, INC.

Principal Place of Business	Mailing Address
3050 BISCAYNE BLVD SUITE 600 MIAMI FL 33137-4165	3050 BISCAYNE BLVD SUITE 600 MIAMI FL 33137-4165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1992
3a. Date of Last Report: 02/17/1994
4. FEI Number: 65-0320556 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1063 Shotgun Road	26 1063 Shotgun Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sunrise, Florida	City & State 28 Sunrise, Florida
Zip 24 33326 Country 25	Zip 29 33326 Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHERMAN, CRAIG B. 3050 BISCAYNE BLVD SUITE 600 MIAMI FL 33137-4165	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MARINO, DANIEL C., JR.	12 NAME	
STREET ADDRESS	2770 STIRRUP LN	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MARINO, CLAIRE D.	22 NAME	
STREET ADDRESS	2770 STIRRUP LN	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, CRAIG B.	32 NAME	
STREET ADDRESS	3050 BISCAYNE BLVD #600	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FRAENKEL, FRANCIS L.	42 NAME	
STREET ADDRESS	7 WORLD TRADE CENTER	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DEMOFF, MARVIN A.	52 NAME	
STREET ADDRESS	11377 W OLYMPIC BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CHABROW, PENN B.	62 NAME	
STREET ADDRESS	3050 BISCAYNE BLVD #600	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate 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 address.

SIGNATURE: _____ 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007658