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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N48080**

1. Corporation Name
THE DAN MARINO FOUNDATION, INC.

Principal Place of Business	Mailing Address
1063 SHOTGUN ROAD SUNRISE FL 33326 US	1063 SHOTGUN ROAD SUNRISE FL 33326 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 TWO SOUTH UNIVERSITY DR	26 TWO SO. UNIVERSITY DR	03/27/1992
Suite, Apt. #, etc. 22 SUITE 325	Suite, Apt. #, etc. 27 SUITE 325	4. FEI Number 65-0320556 ☐ Applied For ☐ Not Applicable
City & State 23 PLANTATION, FL	City & State 28 PLANTATION, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33324 25	Zip / Country 29 33324 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MARINO, DANIEL C., JR.		1.2 NAME		
STREET ADDRESS	1063 SHOTGUN ROAD		1.3 STREET ADDRESS	TWO SO. UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE FL 33326		1.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MARINO, CLAIRE D.		2.2 NAME		
STREET ADDRESS	1063 SUNRISE ROAD		2.3 STREET ADDRESS	TWO SO. UNIVERSITY DR	
CITY-ST-ZIP	SUNRISE FL 33326		2.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, CRAIG B.		3.2 NAME		
STREET ADDRESS	3050 BISCAYNE BLVD #600		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRAENKEL, FRANCIS L.		4. 2 NAME		
STREET ADDRESS	7 WORLD TRADE CENTER		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEMOFF, MARVIN A.		5.2 NAME		
STREET ADDRESS	11377 W OLYMPIC BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHABROW, PENN B.		6.2 NAME		
STREET ADDRESS	3050 BISCAYNE BLVD #600		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)