

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49210** (0)

1. Corporation Name
JOSEPHINE S. LEISER FOUNDATION, INC.



Principal Place of Business Mailing Address
**TRADE CENTRE S
100 W CYPRESS CREEK RD. STE 1045
FT LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified **06/01/1992** 3a. Date of Last Report **01/25/1995**
4. FEI Number **65-0347903** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suffix, Apt. #, etc. 26. Suffix, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**RUDOLF, GARY L.
ONE EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301**

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 (to be printed name of registered agent and the applicant)

(to be Registered Agent's signature to cancel when terminating)

DATE:

12. OFFICERS AND DIRECTORS

12.1 TITLE DELETE
NAME **PD LEISER, JOSEPHINE S.**
STREET ADDRESS **3900 N. OCEAN DR., #3-A**
CITY-ST- ZIP **LAUDERDALE-BY-SEA FL 33308**
12.2 TITLE DELETE
NAME **VD CORY, RUSSELL G**
STREET ADDRESS **1125 WATERWAY LANE**
CITY- ST- ZIP **DELRAY BEACH FL 33483**
12.3 TITLE DELETE
NAME **STD FULLER, STEVEN E**
STREET ADDRESS **TRADE CTR S, 100 W CYPRESS CREEK RD #1045**
CITY- ST- ZIP **FT LAUDERDALE FL**
12.4 TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
12.5 TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
12.6 TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 TITLE Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY- ST- ZIP
13.5 TITLE Change Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY- ST- ZIP
13.9 TITLE Change Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY- ST- ZIP
13.13 TITLE Change Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steven E Fuller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 *(954) 491-9790*
DATE: DATE: PHONE:

CR2E037 (12/95)