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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

TRADE CENTRE SOUTH
100 W CYPRESS CREEK RD. STE 1045
FT LAUDERDALE FL 33309-2115
US

3. Date Incorporated or Qualified
06/01/1992

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0347903

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

5.00 May Be Added to Fees

24

25

29

30

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

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

81 Name

Howard L. Schwartz

82 Street Address (P.O. Box Number is Not Acceptable)

2101 Corporate Blvd NW Ste. 204

83

84 City

Boca Raton

FL

85 Zip Code
33431

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)

1-27-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME LEISER, JOSEPHINE S.
STREET ADDRESS 3900 N. OCEAN DR., #3-A
CITY-ST-ZIP LAUDERDALE-BY-SEA FL 33308

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

TITLE VD DELETE
NAME CORY, RUSSELL G
STREET ADDRESS 1125 WATERWAY LANE
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE STD DELETE
NAME FULLER, STEVEN E
STREET ADDRESS TRADE CTR S, 100 W CYPRESS CREEK RD #1045
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
STD
Schwartz, Howard L.
2101 Corporate Blvd. NW Ste. 204
Boca Raton, FL 33431

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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:

SIGNATURE AND TYPED NAME OF REGISTERED AGENT

Date

Daytime Phone #

1-27-97

CR2E037 (9/96)