


FILE NOW: FILING FEE IS \$61.25

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May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 US

3. Date Incorporated or Qualified  
06/01/1992  
4. FEI Number  
65-0347903  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 3900 N. Ocean Drive 26 3900 N. Ocean Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 #3A 27 #3A  
City & State City & State  
23 LAUDERDALE BY THE SEA 28 LAUDERDALE BY THE SEA  
Zip Country Zip Country  
24 33308 25 BROWARD 29 33308 30 BROWARD

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  
SCHWARTZ, HOWARD L.  
2101 CORPORATE BLVD NW STE 204  
BOCA RATON FL 33431

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME LEISER, JOSEPHINE S. STREET ADDRESS 3900 N. OCEAN DR., #3-A CITY-ST-ZIP LAUDERDALE-BY-SEA FL 33308	<input type="checkbox"/> DELETE	1.1 TITLE PTR 1.2 NAME LEISER, JOSEPHINE S 1.3 STREET ADDRESS 3900 N. OCEAN DRW #3A 1.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CORY, RUSSELL G STREET ADDRESS 1125 WATERWAY LANE CITY-ST-ZIP DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VTR 2.2 NAME STAHL, RICHARD 2.3 STREET ADDRESS 448 HANARDS KNOBB ROAD 2.4 CITY-ST-ZIP BOONE, NE 28007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME SCHWARTZ, HOWARD L. STREET ADDRESS 2101 CORPORATE BLVD. NW STE 204 CITY-ST-ZIP BOCA RATON FL	<input type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME SCHWARTZ, HOWARD L 3.3 STREET ADDRESS 2101 CORPORATE BLVD, NW 3.4 CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Blank NAME Blank STREET ADDRESS Blank CITY-ST-ZIP Blank	<input type="checkbox"/> DELETE	4.1 TITLE STR 4.2 NAME Joan Schumacher 4.3 STREET ADDRESS 2648 NE 35th Drive 4.4 CITY-ST-ZIP FLAHD, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Blank NAME Blank STREET ADDRESS Blank CITY-ST-ZIP Blank	<input type="checkbox"/> DELETE	5.1 TITLE Blank 5.2 NAME Blank 5.3 STREET ADDRESS Blank 5.4 CITY-ST-ZIP Blank	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Blank NAME Blank STREET ADDRESS Blank CITY-ST-ZIP Blank	<input type="checkbox"/> DELETE	6.1 TITLE Blank 6.2 NAME Blank 6.3 STREET ADDRESS Blank 6.4 CITY-ST-ZIP Blank	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *X. Schwartz* 4/30/98 954 091 8684

CR2E037 (10/97)