


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N92000000573 (7)
1. Corporation Name
THE ARLENE UTZ HOLLINGER FOUNDATION, INC.



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|---|---|
| Principal Place of Business 325 VILLA DRIVE SOUTH ATLANTIS FL . | Mailing Address 2 S BISCAYNE BLVD SUITE 3400 MIAMI FL 33131 |
|---|---|

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified 12/02/1992 | | |
| 4. FEI Number 65-0386804 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------|---|--|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLINGER, ARLENE U | 1.2 NAME | |
| STREET ADDRESS | 325 VILLA DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTIS FL | 1.4 CITY-ST-ZIP | |
| TITLE | CVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, ANDREA | 2.2 NAME | |
| STREET ADDRESS | 7200 SW 48 CT | 2.3 STREET ADDRESS | 7200 Capilla Ct. |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | COTRAL GARDENS FL 33143 |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICE, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | CARLYLE STR & CLEARVIEW RD | 3.3 STREET ADDRESS | 900 HIGH STREET |
| CITY-ST-ZIP | HANOVER PA | 3.4 CITY-ST-ZIP | HANOVER, PA 17331 |
| TITLE | CVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, SUZANNE | 4.2 NAME | SUZANNE RICE |
| STREET ADDRESS | 131 TARAPIN TRAIL | 4.3 STREET ADDRESS | 6161 N. OCEAN BLVD. |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | OCEAN RIDGE, FL 33435 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, ESTELLE | 5.2 NAME | |
| STREET ADDRESS | 2596 HANOVER PIKE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HANOVER PA 17331 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAABS, GARY L | 6.2 NAME | |
| STREET ADDRESS | 228 N STEPHEN PLACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | HANOVER PA 17331 | 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.

SIGNATURE: Arlene Utz Hollinger 2/7/98 (305) 376-6023

CR2E037 (10/97)