FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

N93000002565 (0)

ROSS JORDAN BARASH MEMORIAL FOUNDATION, INC.									
Principal Place	of Business	Mailing Address					Hall an nn an		
SUITE 300	AST 17 STREET	1510 S.E. 17 STRE SUITE 300							
US	RDALE FL 33316	FTL LAUDERDALE FL 33316 US			3. Date Incorporated or Qualified				
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 65-0415100		F	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc	i.			5. Certificate of Status Desired		,	Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Zip	Country	Zıp	Cour	ıtry		8. This corporation has liability f		le tax under s.	
24	9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New	[] Yes	,	
····	9. Name and Address of Curren	it Hegistered Agent		B1	Name	10. Name and Address of Nev	Lagister	ed Agent	
D.1.0.1	ED10 1								
BARASH, ERIC J.				82	Street	Address (P.O. Box Number is Not Accep	able)		
	UTHEAST 17 STREET		ŀ	83					
SUITE 30	JUDERDALE FL 33316		Į						
FUNI LA	ODENDALE PL 33316			84	City		F	=L <mark>85</mark> Zi	p Code
familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Styrature typed or printed name of registered agent	ion 617.0503, Florida Stat	utes.			board of directors. I hereby accept the a	opcintmen DA1		l agent. I am
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO C	FF CERS		
TITLE	D DELETE		1.1 TIT	LE		D		Change	Addition
NAME	BARASH, ERIC	···	1 2 NA			BARASH, ERIC. J.			
STREET ADDRESS	1510 SOUTHEAST 17 STREE	:1, #300			ADORESS	1510 SE 17 STREET,	#300		
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL	DELETE	1.4 C() 2.1 T()		I - ZIP	FT. LAUDERDALE, FL.	33316	Change	Addition
NAME	D Barash, Meri	LJotten	2.1 III 2.2 NA					onango	
STREET ADDRESS	1510 SOUTHEAST 17 STREE	T #300			ADDRESS				
CITY - ST- ZIP	FORT LAUDERDALE FL	.1, #300	2 4 0						
TITLE	D	□DELETE	31 TIT			D		[X] Change	Addition
NAME	AXMAN, MICHAEL		3 2 NA	ME		AXMAN, MICHAEL B.			
STREET ADDRESS	1533 SUNSET DRIVE, #120		3 3 ST	AEET	ADDRESS	15624 SW 78TH PLACE			
CITY-ST-ZIP	CORAL GABLES FL		3 4. 0	TY-S	ST-ZIP	MIAMI, FL 33157			
TITLE		DELETE	4 1 T)					Change	Addition
NAME			4 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4 4 CI 5 1 TII		I - ZIP	¶ [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Call (Callange	Addition
NAME		Clottert	5 2 NA			1000018 -05/30/960	1017		
STREET ADDRESS					ADDRESS	***61.25	4 () A		1
CITY-ST-ZIP			5.4 CI						$\neg A \wedge \$
TITLE	,	DELETE	6 1 TI		-			☐ (Mang)	Addition
NAME			6 2 NA	ME			r	<- X	•
STREET ADDRESS			6 3 ST	REET	ADDRESS			ノ ィ	V
CITY-ST-ZIP			6.4.01						
certify that oath; that	the information indicated on this ang	ual report or supplemental oration or the receiver or tr	' ahnual report i: vistee empower	s tru	e and a	alify for the exemption stated in Section 1 courate and that my signature shall have t te this report as required by Chapter 617	he same l	egal effect as i	if made under

SIGNATURE:

ERIC T PAR CON DEPENDENT

4/25/98

954-463-4400

Daytime Phone #

CR2E037