

07081999-90027-011-\$61.25-\$61.25

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$250.00)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002565

1. Corporation Name

ROSS JORDAN BARASH MEMORIAL FOUNDATION, INC.

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90027 011 \*\*\*\*61.25

594246 - 90022 - 2

Principal Place of Business  
1510 SOUTHEAST 17 STREET  
SUITE 300  
FORT LAUDERDALE FL 33316  
US

Mailing Address  
1510 SOUTHEAST 17 STREET  
SUITE 300  
FORT LAUDERDALE FL 33316  
US



2. Principal Place of Business 1. 7958 EXETER BLVD. WEST Suite, Apt. #, etc. City & State TAMARAC, FL Zip 33322 Country USA	2a. Mailing Address 26. P.O. Box 460063 Suite, Apt. #, etc. City & State FORT LAUDERDALE, FL Zip 33346 Country USA	3. Date Incorporated or Qualified 06/08/1993 4. FEI Number 65-0415100 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
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9. Name and Address of Current Registered Agent

BARASH, ERIC J.  
1510 SOUTHEAST 17 STREET  
SUITE 300  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 7958 EXETER BOULEVARD WEST  
84 City TAMARAC FL 85 Zip Code 33321

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARASH, ERIC 1510 SOUTHEAST 17 STREET, #300 FORT LAUDERDALE FL 33316 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	A ERIC BARASH PO Box 460063 FORT LAUDERDALE, FL 33346 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARASH, MERI 1510 SOUTHEAST 17 STREET, #300 FORT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D MERI BARASH 1200 NW 101 AVE. PLANTATION FORT LAUDERDALE FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXMAN, MICHAEL 15624 SW 78TH PL. MIAMI FL 33157 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)