

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N93000004332 (3)

95 APR 12 12:22

1. Corporation Name

STEVEN HALMOS FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

628 CORAL WAY
FORT LAUDERDALE FL 33301

628 CORAL WAY
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
83-0305837

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **200 East Las Olas Blvd**

26 **200 East Las Olas Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1730**

27 **Suite 1730**

City & State

City & State

23 **Fort Lauderdale, FL.**

28 **Fort Lauderdale, FL.**

Zip

Country

Zip

Country

24 **33301**

25 **USA**

29 **33301**

30 **USA**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

**HALMOS, STEVEN J
628 CORAL WAY
FORT LAUDERDALE FL 33301**

81 Name **STEVEN J. HALMOS**

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

83

84 City **Fort Lauderdale**

FL

85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent of 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HALMOS, MADELAINE G
STREET ADDRESS	628 CORAL WAY
CITY - ST - ZIP	FORT LAUDERDALE FL 33301
TITLE	D
NAME	HALMOS, STEVEN J
STREET ADDRESS	628 CORAL WAY
CITY - ST - ZIP	FORT LAUDERDALE FL 33301
TITLE	D
NAME	HALMOS, GEORGE
STREET ADDRESS	1598 S. OCEAN LANE, #218
CITY - ST - ZIP	FORT LAUDERDALE FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALMOS, MADELAINE G.
1.3 STREET ADDRESS	707 Coral Way
1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33301
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HALMOS, STEVEN J.
2.3 STREET ADDRESS	707 Coral Way
2.4 CITY - ST - ZIP	Fort Lauderdale, FL. 33301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (as applicable), or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

305-760-4980