FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9300004332 (3)

STEVEN HALMOS FAMILY FOUNDATION, INC.

OILVEN	TIALINGO LAMILI TOOME	ATTOM, INC.					
Principal Place of Business Mailing Address						FALID MAINT BRAIN EI BAR INT	88 1116 8 1181 1881
200 E LAS OLAS BLVD STE 1730		200 E LAS OLAS BLVD STE 1730 FORT LAUDERDALE FL 33301					
FORT LAUDERDALE FL 33301 US		US			3. Date Incorporated or Qualified 09/20/1993	3a. Date of Last Report 04/12/1995	
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 83-0305837	Applied For Not Applicable	
Suite Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 9. Name and Address of Currer	<u>, ' </u>	30		Florida Statutes		
	9. Name and Address of Curren	it tregistered Agent	81	Name		<u> </u>	
HALLANC	CTEVEN I		200	Dim at Aria	ress (P.O. Box Number is Not Acceptable	<u></u>	
HALMOS, STEVEN J 707 CORAL WAY			82	Street Addi	ess (F.O. Box Number is Not Acceptable	7)	
	UDERDALE FL 33301		83				
			84	City		FL 85 Z	ip Code
or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	ida. Such change was authorized	, the above- i by the corp	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	pose of changing its intraent as registered	registered office d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	Registered Age	nt signature require	ic when reinstahrig)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	HALMOS, MADELAINE G		1.2 NAME				
STREET ADDRESS	707 CORAL WAY		1.3 STREE	T ADDRESS			
CHY-ST-ZIP	FORT LAUDERDALE FL	DELETE	14 CiTY-	ST-ZIP		Change	Addition
TITLE	D CONTRACT	Decrete	2.1 TITLE			Onlange	
NAME OZOSET ADDRESS	HALMOS, STEVEN J 707 CORAL WAY		2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	FORT LAUDERDALE FL			-ST-ZIP			
CITY-ST-ZIP TITLE	D	Filocotet		51 211		☐ Change	☐ Addition
NAME	HALMOS, GEORGE		3 2 NAME				
STREET ACDRESS	1598 S. OCEAN LANE, #218	3	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 3331	16	3.4. CITY	-ST-ZIP			
TITLE	DELETE		41 TITLE			Change	■ Addition
NAME			4. 2 NAMI	E			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CITY -	ST-ZIP		☐ Cnange	☐ Addition
TITLE			5.1 TITLE 5.2 NAME			- Cusuda	
NAME				T ADDRESS			
STREET ALIDRESS			5.4 CITY-				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			Change	: Addition
NAME		_	6.2 NAME	.			
STREET ADDRESS			63 STREE	ET ADDRESS			
CITY ST. 7IP			6.4 CITY-	-ST-ZIP			
14. I do hereb certify that	by certify that the information supplied t the information indicated on this and I am an officer of director of the purp n Block 12 or Block 13 if thanges, op	nual report or supplemental annua portuga or the receiver or trustee	al report is t empowered	es not qualify rue and accur I to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 617, Flo	07(3)(k), Florida Stati same legal effect as orida Statutes; and ti	utes. I further if made under hat my name
SIGNAT	TURE:		Pres	·	4/16/96		
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	1	Day	Daytime Phon	e#