2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90177 005 ****61.25

| DOCUMENT # N9400002993 1. Entity Name THE BANKATLANTIC FOUNDATION, INC. | | | | | | 04-28-2004 | | | 01.23 |
|--|--------------|--|--|--|---|---------------------|--|----------------------------|--|
| 1750 EAST SUNRISE BLVD. | | Mailing Address 1750 EAST SUNRISE BLVD. FT. LAUDERDALE, FL 33304 | | | | | | บธั้นรู | inema ma nami |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04162004 | Chg-NP | CR2E03 | 7 (10/03) | |
| City & State | | City & State | | | 4. FEI Number 65-0499 | | | | plied For t Applicable |
| Zip Country | Zip |) | Country | | 5. Certificate o | of Status Desired | | \$8.75 Add Fee Required | |
| 6. Name and Address of Curre | nt Registere | d Agent | | | 7. Name and | Address of New R | Registered A | gent | |
| LEVAN-MARGOLIS, SHELLEY | | | Name | | | olis, Shel | | | |
| 1750 EAST SUNRISE BLVD FORT LAUDERDALE, FL. 33304 | | | 3,16617 | Street Address (P.O. Box Number is Not Acceptable) 1750 East Sunrise Blvd. | | | | | |
| | • | | City | For | rt Lauder | dalė, FL | | Zip Code | e |
| | | | | | | | <u> </u> | <u> </u> | |
| The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of egistered agent. | lore | dir | Shelle | / Mar | golis | | 19/04 | amiliar with, | and accept |
| ■ | | | · · · · · · · · · · · · · · · · · · · | | mon for state g/ | | DATE | | , |
| Filing Fee is \$61.25 Due by May 1, 2004 | ! | | npaign Financing | | \$5.00 May Be Added to Fees | | lake check | | |
| | DIRECTORS | 9. Election Cam Trust Fund C | npaign Financing | | \$5.00 May Be Added to Fees | | lake check rida Depart | ment of St | ate |
| Due by May 1, 2004 10. OFFICERS AND TITLE PT | DIRECTORS | 9. Election Cam Trust Fund C | npaign Financing ontribution. | | \$5.00 May Be Added to Fees | Floi | lake check rida Depart | ment of St | ate |
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I nereby 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 report or supplemental 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 10 or Block 11 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

Executive DirectoH/19/04

954-760-5000

Daytime Prone #