

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004273 (8)
1. Corporation Name
THE PHILIP GUNNISON-FRANCIS ROSEN FOUNDATION, INC.

Principal Place of Business 1200 N. FEDERAL HIGHWAY, SUITE 411 BOCA RATON FL 33432	Mailing Address 1200 N. FEDERAL HIGHWAY, SUITE 411 BOCA RATON FL 33432
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3. Date Incorporated or Qualified
08/26/1994

4. FEI Number 65-6158179	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**RAYMOND, JOHN J JR.
1200 N. FEDERAL HIGHWAY, SUITE 411
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ROSEN, FRANCES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	279 S. BARRINGTON AVENUE	1.2 NAME	
STREET ADDRESS	LOS ANGELES CA 90049	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROSEN, DANIEL S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	279 S. BARRINGTON AVENUE	2.2 NAME	
STREET ADDRESS	LOS ANGELES CA 90049	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROSEN, RONALD K.S.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	279 S. BARRINGTON AVENUE	3.2 NAME	
STREET ADDRESS	LOS ANGELES CA 90049	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HARDING, LISA B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	279 S. BARRINGTON AVENUE	4.2 NAME	
STREET ADDRESS	LOS ANGELES CA 90049	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD RAYMOND, JOHN J JR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 N. FEDERAL HIGHWAY, SUITE 411	5.2 NAME	
STREET ADDRESS	BOCA RATON FL 33432	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *FRANCES ROSEN* **1/13/98** **310-471-8828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (10/97)