## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400004370

1. Corporation Name

THE SOLNIK FAMILY FOUNDATION, INC.

Principal Place of Business 7208 VALENCIA DRIVE **BOCA RATON FL 33433** 

2. Principal Place of Business

Mailing Address

7208 VALENCIA DRIVE **BOCA RATON FL 33433** 

2a. Mailing Address

## **FILED** Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90005 031 \*\*\*\*61.25

3. Date Incorporated or Qualifed

21	26			09/06/1994					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	#, etc.			4. FEI Number		Applied For	
22	27					65-05 19359		Not Applicable	
City & State City & State				5 Continue of Status		5. Certificate of Status Desired		5 Additional -	
23						5. Certificate of Status Desired	Fee	Required	
Zip	Country	Zip Cou				6. Election Campaign Financing	<b>\$5.00</b> May Be		
24	25	29	30	,		Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
7208 VALENCIA DRIVE BOCA RATON FL 33433				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City	85 Zip Code			
					•	<u>FL</u>			
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, Fiorida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  ONTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND DIRECTORS		_	13.		ADDITIONS/CHANGES TO OFFICERS AND	Char		
TITLE	D	☐ DELETE	1.1 TIT			·	Criai	. □ Addition	
NAME	SOLNIK, MIKE		1.2 NA	AME			. *	•	
STREET ADDRESS	7208 VALENCIA DRIVE			1.3 STREET ADDRESS		*	• *		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CF	TY-ST-	ZIP				
TITLE	D	☐ DELETE	2.1 TF	TLE	İ		Char	nge	
NAME	Solnik, esther b		2.2 NA	AME.			*	•	
STREET ADDRESS	7208 VALENCIA DRIVE 23S			TREET A	ADORESS			ŀ	
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 C	ITY-ST-	ZIP				
TITLE	D	☐ DELETE	3.1 TIT	TLÉ			Char	nge C Addition	
NAME	RICHMAN, ANDREW M		3.2 NA	AME .					
STREET ADDRESS	3634 PRINCETON PLACE		3.3 ST	REETA	NDORESS			·.	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4. CI	ITY-ST-	ZIP		:		
TITLE	- W	[] DELETE	4.1 TIT	TLE			☐ Char	nge 🔲 Addition	
NAME			4. 2 N	AME				٠	
STREET ADDRESS			4.3 ST	TREET A	NDORESS				
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TI	TLE		<del></del>	Chai	nge 🔲 Addition	
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 ST	TREET A	NOORESS	,		į	
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP			M )	
TITLE		DELETE	6.1 TITLE				Chai	nge Addition	
NAME			6.2 NA	AME				Ì	
STREET ADDRESS			6.3 ST	REETA	ADORESS			,	
CITY-ST-ZIP			6.4 CI	TY-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, with all other like empowered.

SIGNATURE:



2/5/99

561-852-0002