2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004370

1. Entity Name
THE SOLNIK FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
400 SE 5TH AVE. SUITE 503 BOCA RATON, FL 33432	400 SE 5TH AVE. SUITE 503 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

02262004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-0519359	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLNIK, MIKE
400 SE 5TH AVE. SUITE 503
BOCA RATON, FL 33432

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

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

Filing Fee is $61.25 **Due by May 1, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLNIK, MIKE
STREET ADDRESS	400 SE 5TH AVE. SUITE 503
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	SOLNIK, ESTHER B
STREET ADDRESS	400 SE 5TH AVE. SUITE 503
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	RICHMAN, ANDREW M
STREET ADDRESS	3634 PRINCETON PLACE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/04-80122-001 61.25

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12. 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 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: _____   3-4-04   561-852-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #