FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

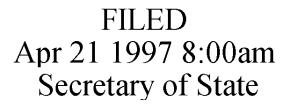
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

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N9600000113 (8)

GROSS FAMILY FOUNDATION, INC.





Principal Place of Business Mailing Address					
13647 DEERING BAY DRIVE, APT. 141 13647 DEERING BAY DRIV MIAMI FL 33158 MIAMI FL 33158-2821		APT. 141			
					3. Date Incorporated or Qualified 3a. Date of Last Report N A
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For Not Applicable
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		.	5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29 3	10		Florida Statutes Yes No
9. Name and Address of Current Registered Agent			<u> </u>	•••••	10. Name and Address of New Registered Agent
				Name	
GORDON, HOWARD W			82	Street	Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE, SUITE 1200			83		
CORAL GABLES FL 33134					
			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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	DELETE	1.1 TITLE		. Change Addition
NAME GROSS, HOWARD			1.2 NAME		
STREET ADDRESS 13647 DEERING BAY DRIVE, APT. 141			1.3 STREET		·
CITY-ST-ZIP TITLE	MIAMI FL 33158 VDS	DELETE	1.4 CITY - S 2.1 TITLE	1- ZIP	Change Addition
NAME	GROSS, RENEE		2.2 NAME		
STREET ADDRESS	l '			ADDRESS	.*
CITY-ST-ZIP	MIAMI FL 33158	, , , , , , , , , , , , , , , , , , , ,	2. 4 CITY - S		
TITLE	D	☐ ĐELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, ANDREW		3.2 NAME		
STREET ADDRESS	7605 S.W. 166 TERRACE		3.3 STREFT		
CITY-ST-ZIP TITLE	MIAMI FL 33157	DELETE	3.4. CITY - S	IT-ZIP	Mohama Daddin
NAME	D Gross, Peter	L. Dittil	4.1 TITLE 4. 2 NAME		Change 🔲 Addition
STREET ADDRESS				ADDRESS	159 MADAMA AUE.
CITY-\$1-ZIP	AllAMI FL 33158 DELETE		4.4 CITY-ST-ZIP		CORAL GADLES, FL 33124
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME	KALIK, PATRICIA		5.2 NAME		
STREET ADDRESS	145 STEINMETZ DRIVE		5.3 STREET	address	
CITY-ST-ZIP	MANCHESTER NH 03104	Drifte	5.4 CITY - S	T-ZIP	
TITLE	(I)	☐ DELETE	6.1 TITLE		Change Addilion
NAME Street address			6.2 NAME	ADDRESS	
			6.3 STREET		
CITY-ST-ZIP	<u> </u>		6.4 CITY - S	I-ZIP	

do 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 roccious further empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name