


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90011 024 \*\*\*\*61.25

**DOCUMENT # N96000001310**

1. Entity Name  
**KENNETH A. LATTMAN FOUNDATION, INC.**



Principal Place of Business <b>C/O F ABRAMSON          721 BILTMORE WAY, #302          CORAL GABLES, FL 33134-7524 US</b>	Mailing Address <b>1 SOUTHEAST THIRD AVENUE          721 BILTMORE WY          CORAL GABLES, FL 33134-7524</b>
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**13101310**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1466884</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RAATTAMA, HENRY H JR  
 1 SOUTHEAST THIRD AVENUE  
 28TH FLOOR  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DVP LATTMAN, NORMA 721 BILTMORE WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABRAMSON, ELLIOTT 721 BILTMORE WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABRAMSON-ROCHELLE, SHELLEY 721 BILTMORE WAY CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAMSON, JEROME 1983 TUXEDO AVE ATLANTA, GA 30307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYONS, MONICA 140 N. PROSPECT MADISON, WI 53705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYONS, DANIEL 140 N. PROSPECT MADISON, WI 53705

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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: *Elliott A. Abramson* 1/09/04 (305) 445-6007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #