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Mar 26 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 # N96000002120 (1)
1. Corporation Name
THE MARJORIE F. COWAN FAMILY FOUNDATION, INC.



Principal Place of Business 3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD FL 33019	Mailing Address 3725 SO. OCEAN DRIVE STE 718 HOLLYWOOD FL 33019
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3. Date Incorporated or Qualified 04/18/1996		
4. FEI Number 65-0665778	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COWAN, IRVING
3725 SO. OCEAN DRIVE STE 718
HOLLYWOOD FL 33019**

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

TITLE	D <input type="checkbox"/> DELETE
NAME	COWAN, MARJORIE F
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718
CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input type="checkbox"/> DELETE
NAME	COWAN, IRVING
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718
CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input type="checkbox"/> DELETE
NAME	COWAN, JONATHAN
STREET ADDRESS	6949 TOWN HARBOUR BLVD.
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D <input type="checkbox"/> DELETE
NAME	COWAN, CINDY
STREET ADDRESS	1276 SUNSET PLAZA DRIVE
CITY-ST-ZIP	LOS ANGELES CA 90069
TITLE	D <input type="checkbox"/> DELETE
NAME	FISHMAN, DEBBIE
STREET ADDRESS	5321 NO. 36TH COURT
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Marjorie F. Cowan</i>
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Marjorie F. Cowan* **2/27/98**

CR2E037 (10/97)