

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006234 (6)

1. Corporation Name

THE HYMAN A. AND IDA KIRSNER FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

34 STAR ISLAND
MIAMI BEACH FL 33139

GOLDBERG, YOUNG & GRAVENHORST, P.A.
5355 TOWN CENTER ROAD SUITE 900
BOCA RATON FL 33486-1669

3. Date Incorporated or Qualified
12/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

P. O. BOX 23800

4. FEI Number

65-0711872

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

33307

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSNER, MARVIN A
1630 N. FEDERAL HIGHWAY
FT LAUDERDALE FL 33305

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE D
NAME KIRSNER, HYMAN A
STREET ADDRESS 34 STAR ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME KIRSNER, IDA
STREET ADDRESS 34 STAR ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KIRSNER, HARRY M
STREET ADDRESS 34 STAR ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GOLDBERG, DIANE A
STREET ADDRESS 34 STAR ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KIRSNER, MARVIN A
STREET ADDRESS 34 STAR ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME KIRSNER, STEVEN A
STREET ADDRESS 34 STAR ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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:

Marvin A. Kirsner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/97 (954)564-8000

CR2E037 (9/96)