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**Apr 17 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 # N96000006234 (6)
1. Corporation Name
THE HYMAN A. AND IDA KIRSNER FAMILY FOUNDATION, INC.



Principal Place of Business 34 STAR ISLAND MIAMI BEACH FL 33139	Mailing Address P.O. BOX 23800 5355 TOWN CENTER ROAD SUITE 303 FT. LAUDERDALE FL 33307 US
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3. Date Incorporated or Qualified 12/05/1996	Applied For Not Applicable
4. FEI Number 65-0711872	

2. Principal Place of Business 21 2255 Glades Road Suite, Apt. #, etc. 22 Suite 419 City & State 23 Boca Raton, FL Zip 24 33431	2a. Mailing Address 26 2255 Glades Road Suite, Apt. #, etc. 27 Suite 419 City & State 28 Boca Raton, FL Zip 29 33431 Country 30 U. A.
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5. Certificate of Status Desired <input 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 checked="" 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	

9. Name and Address of Current Registered Agent
**KIRSNER, MARVIN A
1630 N. FEDERAL HIGHWAY
FT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent
**81 Name Kirsner, Marvin A.
82 Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road
83 Suite 419
84 City Boca Raton FL 85 Zip Code 33431**

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 *Marvin A. Kirsner* **Marvin A. Kirsner** **4/13/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KIRSNER, HYMAN A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRSNER, IDA
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRSNER, HARRY M
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDBERG, DIANE A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRSNER, MARVIN A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRSNER, STEVEN A
STREET ADDRESS	34 STAR ISLAND
CITY-ST-ZIP	MIAMI BEACH FL 33139

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

SIGNATURE: *Marvin A. Kirsner* **4/13/98** (561) 912-3230

CR2E037 (10/97)