

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 11 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006234

1. Corporation Name

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

Principal Place of Business

2255 GLADES ROAD  
SUITE 419  
BOCA RATON FL 33431  
US

Mailing Address

2255 GLADES ROAD  
SUITE 419  
BOCA RATON FL 33431  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0711872	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		Country	
				6. Election Campaign Financing Trust Fund Contribution	
		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIRSNER, MARVIN A 2255 GLADES ROAD SUITE 419 BOCA RATON FL 33431				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: *Marvin A. Kirsner* (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KIRSNER, HYMAN A				1.2 NAME			
STREET ADDRESS 34 STAR ISLAND				1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KIRSNER, IDA				2.2 NAME			
STREET ADDRESS 34 STAR ISLAND				2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KIRSNER, HARRY M				3.2 NAME			
STREET ADDRESS 34 STAR ISLAND				3.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GOLDBERG, DIANE A				4.2 NAME			
STREET ADDRESS 34 STAR ISLAND				4.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KIRSNER, MARVIN A				5.2 NAME			
STREET ADDRESS 34 STAR ISLAND				5.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KIRSNER, STEVEN A				6.2 NAME			
STREET ADDRESS 34 STAR ISLAND				6.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI BEACH FL 33139				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, with all other like empowered.

SIGNATURE: *Marvin A. Kirsner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/7/99 DAYTIME PHONE #: 561-912-3230

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CR2E037 (11/98)