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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600006254

1. Corporation Name

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90053 003 \*\*\*\*70.00

THE STE	EVAN ÄND MARILYN SIMON	Fámily foundát	ION,		· ·				ļ
Principal Place	e of Business	Mailing Address			7				
		4200 BISCAYNE BLVD. MIAMI FL 33137							
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	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed 12/09/1996				
Stite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Арр	lied For	1
22	•	27			65-6233546			Applicable	] ;
City & Stat	е	City & State			5. Certificate of Status Desired	•		dditional	
23		28					ee Rec	<u> </u>	1
Zip	Country	Zip		intry	6. Election Campaign Financing			May Be	
24	25	29 Agent	30	Γ.	Trust Fund Contribution  10. Name and Address of New Registere		ided to		1
	9. Name and Address of Curren	t Kegistered Agent		81 Name	To Hamb and Address of Now Registers				1
ROSE, ST	EDHEN E			00 - 51-0-1 44	ddress (P.O. Box Number is Not Acceptable)			<del> </del>	
	CAYNE BLVD.			82 Street Ad	daress (F.O. Box Number is Not Acceptable)				
MIAMI FL				83					
				84 City	<u> </u>	85	Zip C	ode	1
	·				<u></u> <u>_</u> <u></u>	L   1			)
_11Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida St	atutes, the a	boye-named comor	orporation submits this statement for the purpose atton's board of directors. I hereby accept the app	of changi <del>ointment</del>	ng its r as reg	registered <del>istored =</del>	<u> </u>
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503,	Florida Stat	utes.	audito board of anodicion ( merce), accessive exp		J		
SIGNATURE					uired when reinstating) DATE				ے ا
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	y Ydaur mausrcia iad	ADDITIONS/CHANGES TO OFFICERS	ND DIR	ECTOR	RS IN 12	Įĕ
TITLE	D	☐ DELETE		TLE		☐ Ch		☐ Addition	1 5
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STREET ADDRESS	AGGG BIGG AVAIL BLUD					_			1 >
CITY-ST-ZIP				TREET ADDRESS		_			6
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NAME	D ROSE, STEPHEN E		1.3 \$\frac{1.4 \text{ C}}{2.1 \text{ TI}} \\ \frac{2.1 \text{ TI}}{2.2 \text{ N}} \\ \frac{2.3 \text{ S}}{2.4 \text{ C}} \end{array}	TREET ADDRESS ITY-ST-ZIP TLE AAME		<u>-</u>			0000
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL 33137 D PERTNOY, SIDNEY 13003 SW 104 CT. MIAMI FL 33176	☐ DELETE	1.35° 1.4CI 2.1TI 2.2N. 2.35° 2.4C  = 3.1TI 3.2N. 3.35° 3.4.C	TREET ADDRESS TTY-ST-ZIP TRE AAME TREET ADDRESS CITY-ST-ZIP TILE AAME TREET ADDRESS TREET ADDRESS		□ Ch	ange	☐ Addition	2000
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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 of truggee empowered to execute this report as required by Chapter 317, 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:

IGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Daytime Phone #