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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000102 (0)
1. Corporation Name
PODHURST FAMILY SUPPORTING FOUNDATION, INC.



Principal Place of Business 4200 BISCAYNE BLVD MIAMI FL 33137	Mailing Address 4200 BISCAYNE BLVD MIAMI FL 33137-3210
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	25 Country
23 City & State	28 City & State
Zip	Zip
24 Country	29 Country
30 Country	

3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last Report
4. FEI Number 65-0720334	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROSE, STEPHEN E
4200 BISCAYNE BLVD
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	OREN, NEDRA
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D <input type="checkbox"/> DELETE
NAME	BRODIE, MYRON
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> DELETE
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSE, STEPHEN E
STREET ADDRESS	4200 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> DELETE
NAME	OLIN, MICHAEL
STREET ADDRESS	25 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI FL 33128
TITLE	D <input type="checkbox"/> DELETE
NAME	PODHURST, AARON
STREET ADDRESS	16200 WEST PRESTWICK PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOROTHY PODHURST
1.3 STREET ADDRESS	16200 W. PRESTWICK PLACE
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAREN PODHURST DERN
2.3 STREET ADDRESS	1000 W. ISLAND BLVD, #1112
2.4 CITY-ST-ZIP	AVENTURA, FL 33160
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAURA PODHURST KOFFSKY
3.3 STREET ADDRESS	9825 SW 63 CT.
3.4 CITY-ST-ZIP	MIAMI, FL 33156
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 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, changed, or on an attachment with an address.

Stephen E Rose **3/31/97**

CR2E037 (9/96)