

FILE NOW: FILING FEE IS \$61.25

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Apr 27 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 # 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
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3. Date Incorporated or Qualified 12/20/1996	
4. FEI Number 65-0720334	Applied For <input type="checkbox"/> 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	
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	BP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OREN, NEDRA	1.2 NAME	DOROTHY PODHURST
STREET ADDRESS	3526 BAYSHORE VILLAS DRIVE	1.3 STREET ADDRESS	16200 W. PRESTWICK PL.
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODIE, MYRON	2.2 NAME	KAREN PODHURST DORN
STREET ADDRESS	4200 BISCAYNE BLVD	2.3 STREET ADDRESS	1000 W. ISLAND BLVD, # 1112
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, JACOB	3.2 NAME	LAURA PODHURST KOFFSKY
STREET ADDRESS	4200 BISCAYNE BLVD	3.3 STREET ADDRESS	9825 SW 63 COURT
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, STEPHEN E	4.2 NAME	
STREET ADDRESS	4200 BISCAYNE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIN, MICHAEL	5.2 NAME	
STREET ADDRESS	25 WEST FLAGLER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODHURST, AARON	6.2 NAME	
STREET ADDRESS	16200 WEST PRESTWICK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	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.

SIGNATURE: *Stephen E Rose 4/27/98* 305-576-4000

CR2E037 (10/97)