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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90045 014 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000000102

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



21 Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/20/1996

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0720334

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, STEPHEN E
4200 BISCAYNE BLVD
MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME OREN, NEDRA
STREET ADDRESS 3526 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BRODIE, MYRON
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME ROSE, STEPHEN E
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME OLIN, MICHAEL
STREET ADDRESS 25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33128

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME PODHURST, AARON
STREET ADDRESS 16200 WEST PRESTWICK PLACE
CITY-ST-ZIP MIAMI LAKES FL 33014

6.1 TITLE [] Change [] 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)