

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # N97000000298 (6)
1. Corporation Name
WILLIAM AND JOAN BRODSKY FOUNDATION, INC.



Principal Place of Business 1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146	Mailing Address 1320 SOUTH DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146
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3. Date Incorporated or Qualified
01/17/1997

4. FEI Number 65-0724452	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 22 Suite 1125 City & State 23 Coral Gables, Florida Zip 24 33134	2a. Mailing Address 26 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 27 Suite 1125 City & State 28 Coral Gables, Florida Zip 29 33134 Country 30 USA
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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

9. Name and Address of Current Registered Agent
**BREIER, ROBERT G
1320 SOUTH DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name Robert G. Breier, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce De Leon Boulevard
83 Suite 1125
84 City Coral Gables
85 Zip Code FL 33134

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]* DATE **3/20/98**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BRODSKY, WILLIAM	STREET ADDRESS 1320 S DIXIE HWY, STE 830	CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE
TITLE STD	NAME BRODSKY, JOAN	STREET ADDRESS 1320 S DIXIE HWY, STE 830	CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE
TITLE D	NAME BRODSKY, MICHAEL	STREET ADDRESS 1320 S DIXIE HWY, STE 830	CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE
TITLE D	NAME BRODSKY, STEVEN	STREET ADDRESS 1320 S DIXIE HWY, STE 830	CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE
TITLE D	NAME BRODSKY, JONATHAN	STREET ADDRESS 1320 S DIXIE HWY, STE 830	CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Brodsky, William	
1.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
1.4 CITY-ST-ZIP Coral Gables, FL 33134	
2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Brodsky, Joan	
2.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
2.4 CITY-ST-ZIP Coral Gables, FL 33134	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Brodsky, Michael	
3.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
3.4 CITY-ST-ZIP Coral Gables, FL 33134	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Brodsky, Steven	
4.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
4.4 CITY-ST-ZIP Coral Gables, FL 33134	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Brodsky, Jonathan	
5.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
5.4 CITY-ST-ZIP Coral Gables, FL 33134	
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 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: *[Signature]* **WILLIAM BRODSKY** DATE: **4/12/98** **312-786-7001**

CFR2037 (10/97)