


FILE NOW: FILING FEE IS \$61.25

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Mar 31 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 # N97000000697 (9)
1. Corporation Name
CHAPLIN FAMILY 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 02/06/1997	
4. FEI Number 65-0732508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

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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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
Suite 1125**
84 City **Coral Gables** **FL** 85 Zip Code **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]* **3/20/98**
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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPLIN, HARVEY R		1.2 NAME Chaplin, Harvey R.	
STREET ADDRESS 1320 S DIXIE HWY, STE 830		1.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP CORAL GABLES FL 33146		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPLIN, ARLENE		2.2 NAME Chaplin, Arlene	
STREET ADDRESS 1320 S DIXIE HWY, STE 830		2.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP CORAL GABLES FL 33146		2.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPLIN, WAYNE E		3.2 NAME Chaplin, Wayne E.	
STREET ADDRESS 1320 S DIXIE HWY, STE 830		3.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP CORAL GABLES FL 33146		3.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOVE, TERRY		4.2 NAME Jove, Terry	
STREET ADDRESS 1320 S DIXIE HWY, STE 830		4.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP CORAL GABLES FL 33146		4.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPLIN, PAUL B		5.2 NAME Chaplin, Paul B.	
STREET ADDRESS 1320 S DIXIE HWY, STE 830		5.3 STREET ADDRESS 2800 Ponce De Leon Blvd., #1125	
CITY-ST-ZIP CORAL GABLES FL 33146		5.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address.

SIGNATURE: *[Signature]* **March 26, 1998** **308** **654171**

CR2E037 (10/97)