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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000002782

1. Corporation Name

THE ARTHUR & ANNE SHEIR FOUNDATION, INC.

Principal Place of Business

2801 NE 183RD STREET
#1402
AVENTURA FL 33160

Mailing Address

2801 NE 183RD STREET
#1402
AVENTURA FL 33160



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

31-1547949

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

DONOFF, CRAIG ESO
18305 BISCAYNE BLVD
#300
AVENTURA FL 33160

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

DELETE

TITLE D
NAME SHEIR, ARTHUR E
STREET ADDRESS 2801 NE 183RD ST, #1402
CITY-ST-ZIP AVENTURA FL 33160

TITLE D
NAME SHEIR, ANNE
STREET ADDRESS 2801 NE 183RD ST, #1402
CITY-ST-ZIP AVENTURA FL 33160

TITLE D
NAME SHEIR, ROBERT
STREET ADDRESS 2801 NE 183RD ST, #1402
CITY-ST-ZIP AVENTURA FL 33160

TITLE D
NAME SHEIR, ARNOLD
STREET ADDRESS 2801 NE 183RD ST, #1402
CITY-ST-ZIP AVENTURA FL 33160

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

1/13/99 (305) 932-4527

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CR2E037 (1/98)