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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000003395

1. Corporation Name
THE TOPPEL FAMILY FOUNDATION, INC.

Principal Place of Business: 7900 GLADES ROAD STE 420 BOCA RATON FL 33434
 Mailing Address: 7900 GLADES ROAD STE 420 BOCA RATON FL 33434



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-6023320	Applied For: Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOPPEL, HAROLD 7900 GLADES ROAD STE 420 BOCA RATON FL 33434				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOPPEL, PATRICIA	1.2 NAME	SAWYER, JENNIFER
STREET ADDRESS	7900 GLADES ROAD STE 420	1.3 STREET ADDRESS	7900 GLADES RD, STE 420
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOPPEL, JONATHAN	2.2 NAME	ZALEZNIK, ABE
STREET ADDRESS	7900 GLADES ROAD STE 420	2.3 STREET ADDRESS	7900 GLADES RD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUER, SHERI	3.2 NAME	DISQUE, PHILLIP
STREET ADDRESS	7900 GLADES ROAD STE 420	3.3 STREET ADDRESS	7900 GLADES RD, STE 420
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPEL, HAROLD	4.2 NAME	
STREET ADDRESS	7900 GLADES ROAD STE 420	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPEL, BROOKE	5.2 NAME	
STREET ADDRESS	7900 GLADES ROAD STE 420	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPEL, JEFFREY	6.2 NAME	
STREET ADDRESS	7900 GLADES ROAD STE 420	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	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: SHERI SAUER 1/20/99 561-451-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)