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04-25-1999 90014 026 \*\*\*\*\*8.75



NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N98000005794

1. Corporation Name

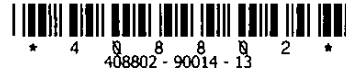
MARSHALL E. RINKER, SR. FOUNDATION, INC.

Principal Place of Business

310 OKEECHOBEE BLVD.  
SUITE 100  
WEST PALM BEACH FL 33401

Mailing Address

310 OKEECHOBEE BLVD.  
SUITE 100  
WEST PALM BEACH FL 33401



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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

65-0871532

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

9. Name and Address of Current Registered Agent

PRESSLY, JAMES G JR  
222 LAKEVIEW AVE  
SUITE 910  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name James F. Jackson

82 Street Address (P.O. Box Number is Not Acceptable)  
310 Okeechobee Blvd.

83 Suite 100

84 City West Palm Beach

FL

85 Zip Code 33401

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 *James F. Jackson* James F. Jackson

April 6, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RINKER, DAVID B  
STREET ADDRESS 556 MUIRFIELD DR  
CITY-ST-ZIP ATLANTIS FL 33462

TITLE VD  
NAME RINKER, LEIGHAN R  
STREET ADDRESS 556 MUIRFIELD DR  
CITY-ST-ZIP ATLANTIS FL 33462

TITLE STD  
NAME JACKSON, JAMES F  
STREET ADDRESS 1536 BREAKERS WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 310 Okeechobee Blvd., Suite 100  
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 310 Okeechobee Blvd., Suite 100  
2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS 310 Okeechobee Blvd., Suite 100  
3.4 CITY-ST-ZIP West Palm Beach, FL 33401

4.1 TITLE  Change  Addition  
4.2 NAME Criser, Marshall M.  
4.3 STREET ADDRESS 50 North Laura St., # 3300  
4.4 CITY-ST-ZIP Jacksonville, FL 32202

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS Bremer, Paul C.  
5.4 CITY-ST-ZIP 777 S. Flagler Dr., Suite 1200  
West Palm Beach, FL 33401

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:

*David B. Rinker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Rinker 4/6/99 (561) 835-9200

Date

Daytime Phone #

CR2E037 (1/198)