

FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90127 039 \*\*\*\*61.25

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000007032

1. Corporation Name  
THE ANNE AND JOHN TATTA FAMILY FOUNDATION, INC.

135021 90127 39

Principal Place of Business  
20 BAY COLONY POINT  
FT LAUDERDALE FL 33308

Mailing Address  
20 BAY COLONY POINT  
FT LAUDERDALE FL 33308



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0883794	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TATTA, JOHN 20 BAY COLONY POINT FT LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 \_\_\_\_\_ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATTA, ANNE	1.2 NAME	
STREET ADDRESS	20 BAY COLONY POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATTA, JOHN	2.2 NAME	
STREET ADDRESS	20 BAY COLONY POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECABIA, DEBORAH T	3.2 NAME	
STREET ADDRESS	20 BAY COLONY POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, LISA T	4.2 NAME	
STREET ADDRESS	20 BAY COLONY POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: 2/3/99 Daytime Phone #: 954-771-5188

CRZE037 (11/98)