FILE NOW: FILING FEE IS \$61.25

Mailing Address 2650 W STATE RD 84

FORT LAUDERDALE FL 33312-4830

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2650 W STATE RD 84 FORT LAUDERDALE FL 33312

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000002928 (0) DOCUMENT #

THE HOPE FUND, INCORPORATED

3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1993 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0400777 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζiρ Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRICKMAN, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 2650 W STATE RD 84 83 **SUITE 1201** FORT LAUDERDALE FL 33312 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change Addition TITLE D 11 TITLE NAME BRICKMAN, RICHARD 1.2 NAME 1408 E. HAWTHORNE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE HANRAHAN, PATRICK 2.2 NAME NAME STREET ADDRESS 220 S.W. 34TH AVENUE 23 STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 2.4 CfTY-ST-ZIP DELETE Change Addition TITLE 3.1 THLE COVET, GEORGE 3.2 NAME NAME 4560 S.W. 170 AVENUE STREET ADDRESS 3.3 STREET ADDRESS FORT LAUDERDALE FL 33331 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change A Addition 4.1 TITLE Secretary Jeff Marano TITLE 4. 2 NAME NAME 4109 Pierce Street STREET ACCRESS 4.3 STREET ADDRESS 33021 Fort Lauderdale, Fl. 4.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

14. I do 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 armual report is true and accurate and that my signature shall have the same legal effect as if made under 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 danged as an an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 21 1997 8:00am Secretary of State

