


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002908 (2)**

1. Corporation Name

**JOSEPH R. NAROT ENDOWMENT FUND, INC.**

Principal Place of Business

Mailing Address

137 NE 19TH ST  
MIAMI FL 33132

137 NE 19TH ST  
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ROSEN, ARNOLD P  
9999 COLLINS AVENUE  
18-B  
BAL HARBOUR FL 33154

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

65-0565251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABESS, LEONARD JR	
STREET ADDRESS	CNB OF FLA., P.O. BOX 25620	
CITY-ST-ZIP	MIAMI FL 33102	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYER, BUDD	
STREET ADDRESS	5500 COLLINS AVE. #1601	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERMONT, PETER L	
STREET ADDRESS	7301 CAPILLA COURT	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSON, SIDNEY	
STREET ADDRESS	9999 COLLINS AVE #14-A	
CITY-ST-ZIP	BAL HARBOUR FL 33154	

TITLE	P	<input type="checkbox"/> DELETE
NAME	SILVER, MICHAEL A	
STREET ADDRESS	1428 BRICKELL AVE., #500	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OROVITZ, MICHAEL D	
STREET ADDRESS	1311 98TH ST	
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL 33154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 checked, on this attachment with an address.

SIGNATURE:  NATURE REQUIRED

1/16/98 305-858-6211

CR2E037 (10/97)