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FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743454** (1)

1. Corporation Name

ANTHONY R. ABRAHAM FOUNDATION, INC.

Principal Place of Business

Mailing Address

**6600 S.W. 57 AVENUE
MIAMI FL 33143**

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MIAMI FL 33143**

3. Date Incorporated or Qualified

06/30/1978

4. FEI Number

59-1837290

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYER, WARREN
6600 SW 57TH AVE
MIAMI FL 33143**

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 617.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ABRAHAM, ANTHONY R**
STREET ADDRESS **727 SOUTH ALHAMBRA CIRCLE**
CITY - ST - ZIP **CORAL GABLES FL 33134**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **ABRAHAM, THOMAS G**
STREET ADDRESS **330 SOLANO PRADO**
CITY - ST - ZIP **CORAL GABLES FL 33143**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DVP** ☐ DELETE
NAME **SHAKER, ANTHONY**
STREET ADDRESS **1118 N. KENILWORTH AVENUE**
CITY - ST - ZIP **OAK PARK IL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **MALOUF, THOMAS H**
STREET ADDRESS **3109 MOSS VALE LANE**
CITY - ST - ZIP **TAMPA FL 33618**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **ABRAHAM, NORMA JEAN**
STREET ADDRESS **6816 CAMARIN**
CITY - ST - ZIP **CORAL GABLES FL 33146**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SHAKER, HELEN**
STREET ADDRESS **1111 FRANKLIN AVENUE**
CITY - ST - ZIP **RIVER FOREST IL 60305**

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.

SIGNATURE:

Anthony R. Shaker

4/28/98

805-465-2222

CR2E037 (10/97)