NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N98000007281

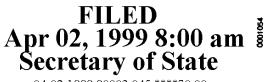
1. Corporation Name

THE LYNN AND DAVID RUSSIN FAMILY FOUNDATION, INC

Principal Place	of Business
4200 BISCAYNE	BOULEVARD
MIAMI EL 33137	

Mailing Address

4200 BISCAYNE BOULEVARD MIAMI FL 33137



04-02-1999 90003 045 ****70.00



MINNI FL 3013	'	INIAMI LE GOTO						
÷								
•	•							
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed		
21		26				12/28/1998		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		plied For
22	<u>, , , , , , , , , , , , , , , , , , , </u>	27				65-0884200		ot Applicable
City & Stat	le	City & State	~	-		-5. Certifcate of Status Desired *		Additional equired
23	Country	Zip Country				6. Election Campaign Financing	\$5.00	May Be
24	25	<u> </u>	30	•		Trust Fund Contribution	-	to Fees
	9. Name and Address of Current	_ 				10. Name and Address of New Registere	d Agent	
		_ _,_ ,,,,,	8	Na	me]
ROSE, ST	EDHEN E		8:	2 Stn	eet Addre	ss (P.O. Box Number is Not Acceptable)		
	CAYNE BOULEVARD							
MIAMI FL			8:	3				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	4 City	y .	F	85 Zip	Code
				1		-ti	of changing its	registered
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State o	and 617.1508, Florida Statutes f Florida. Such change was aut	s, the abou thorized by	ve-nan y the c	ned corpor orporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florid	da Statute	S .				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE - E	Ranieterad An	ant since	hare required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Jignia		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	0/1	☐ DELETE	1.1 TITLE		D/v	IP	Change	Addition
NAME	SOLOMON, JACOB		1.2 NAME	:	15	12 AROTH TURNER		
STREET ADDRESS			1.3 STRE	ET ADDR	ESS 22	5 CENTRAL PARKW. AT	7 800	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-	ST-ZIP		W YORK NY 10024		
TITLE	D/S	☐ DELETE	2.1 TITLE		DI	VP	Change	Addition
NAME	ROSE, STEPHEN E	•	2.2 NAME	:	1.5	THE DUSSIN		_
STREET ADDRESS			2.3 STRE	ETADDR	ESS 200	O S. BISCAYNE BUYD,	#242	2
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY	ST-ZIP	M	19M1, FZ 33/31		
TITLE	D	☐ DELETE	3.1 TITLE		D/V	P	Change	Addition
NAME	GLICKSTEIN, RABBI GARY	্র চাইচ ইচ্ছ ক্ প —	3.2 NAME	į	Ju	LIE BERCOW		- 444
STREET ADDRESS			3.3 STRE	ETADDR	ESS 54	O LAXEVIEW DR.		
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4. CITY	ST-ZIP	MI	AMI BETTEH, FL 331	40	
TITLE	D	☐ DELETE	4.1 TITLE			•	Change	Addition
NAME	ADLER, SARA		4, 2 NAM	E				
STREET ADDRESS	1 .	5TH FLOOR	4.3 STRE	ET ADDR	ESS			
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-	ST-ZIP			-10:	
TITLE	D	☐ DELETE	5.1 TITLE		1		Change	☐ Addition
NAME	COHEN, DANIEL M.D.		5.2 NAME					
STREET ADDRESS	4302 ALTON ROAD, SUITE 115		5.3 STRE	_	ESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		5.4 CITY-				F7 61-	T 144
TITLE	D/P	☐ DELETE	6.1 TITLE		-		Change	Addition
NAME .	RÙSSIN, LYNN		6.2 NAME					
STREET ADORESS	715 WEST 49TH STREET		6.3 STRE		ESS			
CTY-ST-ZIP	MIAMI BEACH FL 33140		6.4 CITY-	ST-ZIP				

<u>| MIAMI BEACH FL 33140</u> 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 suppliemental 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 empowereb 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 off an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #