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04-01-1999 90080 042 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000000197

1. Corporation Name

SANDRA C. GOLDSTEIN SUPPORTING FOUNDATION, INC.

Principal Place of Business

4200 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD.
MIAMI FL 33137



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/12/1993

4. FEI Number

65-0449936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI BEACH FL 33137

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
NAME JACOB SOLOMON
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE D
NAME MILLER, CAROLYN R
STREET ADDRESS 23 INDIAN CREEK ISLAND
CITY-ST-ZIP MIAMI BEACH FL

TITLE D
NAME STEPHEN E. ROSE
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE D
NAME GOLDSTEIN, SAMUEL
STREET ADDRESS 10180 W. BAY HARBOR DR.
CITY-ST-ZIP BAY HARBOR ISLAND FL

TITLE D
NAME GOLDSTEIN, MIRIAM
STREET ADDRESS 10180 WEST BAY HARBOR DR.
CITY-ST-ZIP BAY HARBOR ISLAND FL

TITLE D
NAME BRODIE, MYRON J.
STREET ADDRESS 4200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)