

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90133 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710959**

1. Corporation Name  
**DRISCOLL FOUNDATION, INC.**

Principal Place of Business PO BOX 820716 FL FL 33082 US	Mailing Address PO BOX 820716 33082 FL 33174 US
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2. Principal Place of Business 21 3200 SW 116th Avenue Suite, Apt. #, etc. 22 City & State 23 Davie, FL Zip 24 33330 Country 25 US	2a. Mailing Address 26 PO Box 820716 Suite, Apt. #, etc. 27 City & State 28 South Florida, FL Zip 29 33082 Country 30 US	3. Date Incorporated or Qualified 05/27/1966	4. FEI Number 59-1142501 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent <del>GARDNER, FRANK C</del> <del>3701 SW 112 AVE</del> <del>DAVIE FL 33330</del>	10. Name and Address of New Registered Agent 81 Name Marder, Michael E. 82 Street Address (P.O. Box Number is Not Acceptable) South Trust Bank Building, Suite 1100 135 West Central Boulevard 83 City Orlando FL 85 Zip Code 32801
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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: \_\_\_\_\_ DATE: 4/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, FRANK C	1.2 NAME	
STREET ADDRESS	3701 SW 112 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, W JOHN	2.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIFER, MICHAEL J.	3.2 NAME	
STREET ADDRESS	FIRST NATL BANK BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, RUDOLPH W	4.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, JOHN B	5.2 NAME	
STREET ADDRESS	2100 FIRST NATL BK BLDG	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael E. Giefer DATE: 4/20/99 Daytime Phone #: 651-4410

CR2E037 (1/198)