

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90025 010 ****61.25

DOCUMENT # 743454

1. Corporation Name

ANTHONY R. ABRAHAM FOUNDATION, INC.

Principal Place of Business

6600 S.W. 57 AVENUE
MIAMI FL 33143

Mailing Address

6600 S.W. 57 AVENUE
MIAMI FL 33143



2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23
Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1978

4. FEI Number

59-1837290

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

BRYER, WARREN
6600 SW 57TH AVE
MIAMI FL 33143

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ABRAHAM, ANTHONY R
727 SOUTH ALHAMBRA CIRCLE
CORAL GABLES FL 33134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
ABRAHAM, THOMAS G
330 SOLANO PRADO
CORAL GABLES FL 33143

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
SHAKER, ANTHONY
1118 N. KENILWORTH AVENUE
OAK PARK IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MALOUF, THOMAS H
3109 MOSS VALE LANE
TAMPA FL 33618

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ABRAHAM, NORMA JEAN
6816 CAMARIN
CORAL GABLES FL 33146

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHAKER, HELEN
1111 FRANKLIN AVENUE
RIVER FOREST IL 60305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
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 REQUIRED

WARREN BRYER

305-665-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)