

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:44

DOCUMENT # 701515 (9)

1. Corporation Name
RUSSACK FAMILY FOUNDATION

Principal Place of Business Mailing Address
C/O MICHAEL ABRAHAM 4445 ALTON RD MIAMI BCH FL 33140 US
C/O MICHAEL ABRAHAM 4445 ALTON RD MIAMI BCH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1960** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-6152314** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SHAPIRO (HERBERT S.)
1666 79TH ST. CAUSEWAY
MIAMI BEACH FL 33139
(Deceased Jan./95)
need a new one

10. Name and Address of New Registered Agent
81 Name **FRANK BECK**
82 Street Address (P.O. Box Number is Not Acceptable) **1390 NE 162nd St**
83 City **No. Miami Beach** FL 85 Zip Code **33162**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Frank Beck* 3/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALLACH, HERBERT
STREET ADDRESS	5491 N W 23RD AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	P/D
NAME	ABRAHAM, MICHAEL
STREET ADDRESS	4445 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	ABRAHAM, MICHAEL
NAME	4445 ALTON RD
STREET ADDRESS	MIAMI BEACH FL 33140
CITY-ST-ZIP	
TITLE	Frank Beck - D
NAME	1390 N.E. 162nd St.
STREET ADDRESS	North Miami Beach, FL 33162
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael Abraham** *Michael Abraham* Jan 15/95 305/532-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #