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
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90004 023 *****61.25

DOCUMENT # 701515

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 10/07/1960	
21	26	4. FEI Number 59-6152314	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
BECK, FRANK 1390 NE 162 ST MIAMI BEACH FL 33162	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **WALLACH, HERBERT**		1.2 NAME	
STREET ADDRESS **5491 N W 23RD AVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL**		1.4 CITY-ST-ZIP	
TITLE **PD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **ABRAHAM, MICHAEL**		2.2 NAME	
STREET ADDRESS **4445 ALTON RD.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI BEACH FL**		2.4 CITY-ST-ZIP	
TITLE **D**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **BECK, FRANK**		3.2 NAME	
STREET ADDRESS **1390 NE 162 ST**		3.3 STREET ADDRESS	
CITY-ST-ZIP **N MIAMI BEACH FL**		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 Abraham_ (MICHAEL ABRAHAM)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4/99   305/532-7028
Date   Daytime Phone #