


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 701515
 1. Entity Name
RUSSACK FAMILY FOUNDATION



<i>Principal Place of Business</i> C/O MICHAEL ABRAHAM 4445 ALTON RD MIAMI BCH, FL 33140 US	<i>Mailing Address</i> C/O MICHAEL ABRAHAM 4445 ALTON RD MIAMI BCH, FL 33140 US
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07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6152314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, FRANK
 1390 NE 162 ST
 MIAMI BEACH, FL 33162

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACH, HERBERT 5491 N W 23RD AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRAHAM, MICHAEL 4445 ALTON RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECK, FRANK 1390 NE 162 ST N MIAMI BEACH, FL
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 07/12/04-80016-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Abraham July 9/04 (305) 532-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #