FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 10 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705063 (6)

1. Corporation Name

THE 682 FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
15947 N.E. 19TH PL P.O. BOX 600455 NORTH MIAMI BEACH FL 33162	15947 N.E. 19TH PL P.O. BOX 600455 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6153433 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TREPPER, BEATRICE (Treasurer/Secretary)
700 S HOLLYBROOK DRI
BLDG 55 / APT - 206
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: Beatrice Trepper — 3/1/95
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	VP	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	GROMET, HERMAN	1.2 NAME		
STREET ADDRESS	1655 NE 159 STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	FERBER, EUGENE	2.2 NAME		
STREET ADDRESS	231 174TH STREET / STE - 301	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	President	☒ Change ☐ Addition
NAME	SCHNEIDER, WILLIAM	3.2 NAME		
STREET ADDRESS	231 174 STREET / STE - 2405	3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Correspondent Secy.	☒ Change ☐ Addition
NAME	LIEBMAN, LEON	4.2 NAME		
STREET ADDRESS	1101 SW 128TH TERRACE / STE - 209	4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Director	☐ Change ☐ Addition
NAME	GREEBEL, MORRIS	5.2 NAME		
STREET ADDRESS	17399 NE 13 AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Director	☐ Change ☐ Addition
NAME	LEVINE, RALPH	6.2 NAME		
STREET ADDRESS	2000 NE 203 STREET / STE - 1	6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	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 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.

SIGNATURE: Beatrice Trepper Beatrice Trepper 3/1/95 (305)431-7088
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043785