


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90111 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705063					
1. Corporation Name THE 682 FOUNDATION, INCORPORATED					
Principal Place of Business 15947 N.E. 19TH PL P.O. BOX 600455 NORTH MIAMI BEACH FL 33162			Mailing Address %BEATRICE TREPPER 700 S. HOLLYBROOK DR., APT 206 BLDG55 PEMBROKE PINES FL 33025		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/17/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6153433	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TREPPER, BEATRICE 700 S HOLLYBROOK DRI BLDG 55 / APT - 206 PEMBROKE PINES FL 33025				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 Beatrice Trepper DATE 4/3/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSENBERG, LOUIS			3.2 NAME			
STREET ADDRESS	930 NE 172 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	N M B FL 33162			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVINE, RALPH			5.2 NAME			
STREET ADDRESS	2880 N.E. 203RD STREET., #1			5.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			5.4 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TREPPER, BEATRICE			6.2 NAME			
STREET ADDRESS	700 S. HOLLYBROOK DR., APT #206 BLDG 55			6.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			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: Beatrice Trepper DATE: 4/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E037 (4-1-98)