FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998	DIVISION OF C		Secretary	of State
•	MENT # 710444	()			
NUDE!	RT O. LAW FOUNDATION, II	NC.			
Principal Plac	e of Business	Mailing Address		{	### ##################################
POST OFFICE BOX 11025 POST OFFICE BOX 11025				2. Data Incorporated as Qualified	
FT. LAUDERDALE FL 33339		FT. LAUDERDALE FL 33339		3. Date Incorporated or Qualified 02/28/1966	
				4. FEI Number	Applied For
				59-0914810	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing	Fee Required
22	· · · · · · · · · · · · · · · · · · ·	27		Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	Ө	City & State		7. Is this nonprofit corporation a homeowne	
Zlp	Country	28 Zip	Country	8. This corporation owes or has paid the cu	No wrent year Intendible
24	25		30		Yes 🔀 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
1504145	ND 1434 1444 P		81 Name		
LEONARD, WILLIAM F.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
4875 N. FEDERAL HWY., 10TH FLOOR FT. LAUDERDALE FL 33308			83		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DENISTRE I C 00000		04 01		1-1 5: 6 :
			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 reg 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 regis agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Flori	ida Statutes.	ion o board or an octoro. Thoroby dobopi mo app	Militaria de la Paglaterea
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	LAW, ROBERT O., III		1.2 NAME		
STREET ADDRESS	2091 BEACHWOOD		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	AMELIA ISLAND FL VPD	☐ DELETÉ	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	LAW, MARY JANE	DECERE	2.1 TILLE 2.2 NAME		Change Cr Addition
STREET ADDRESS	2091 BEACHWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	STD	DELETE	3.1 TrTLE		☐ Change ☐ Addition
NAME	LEONARD, WILLIAM F.		3.2 NAME		
STREET ADDRESS	4875 N. FEDERAL HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL D	☐ DELETE	3.4. CITY-ST-ZIP		Observe Tables
NAME	HART, LESLIE LAW	☐ OECETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS	705-2 E. BIDWELL ST. #198		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	FOLSOM CA		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAW, ROBERT O IV		5.2 NAME		
STREET ADDRESS	4904 S. HEMMINGWAY CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		5.4 CITY - ST - ZIP		
TITLE	D CAROL 4	DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS	USBECK, CAROL J 8516 N.W. 57TH PLACE		6.2 NAME		
CITY-ST-ZIP	TAMARAC FL		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
VIII VI 1811			4.4 0111 - 01 - KIF		

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 receive of 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 mande hor on an attractory with an address

FILED

Jan 23 1998 8:00am