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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT #

ADTHUD	AMD	CAROL	COURSHON FOUNDATION.	INC
ANIDUR	ANU	CARUL	. GUURSHUN FUHNDATIGN.	INCL

Principal Place of Business Mailing Address 1111 LINCOLN ROAD MALL 1111 LINCOLN ROAD MALL SUITE 500 SUITE 500 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date incorporated or Qualified 3a. Date of Last Report 06/09/1969 05/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 23-7033991 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DANIELS, NICHOLAS M 82 Street Address (P.O. Box Number is Not Acceptable) THERREL BAISDEN & MEYER WEISS 1111 LINCOLN ROAD MALL, SUITE 500 MIAMI BEACH FL 33139 84 City Zip Code 85 FL 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 afficient with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and fit of applicable :1AC (NOTE: Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TL LE Change Addition NAME COURSHON, JACK R 1.2 NAME CR2E037 STREET ADDRESS 301-41ST STREET 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CHTY - ST - ZIP 14 CIFY - ST - ZIF TOTLE DELETE PD 2.1 TITLE Change Addition NAME COURSHON, ARTHUR H 2.2 NAM8 STREET ADDRESS 301-41ST STREET 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 2 4 CITY+ST ZIP TITLE DELETE 3.1 TITLE Addition COURSHON, CAROL NAME 3.2 NAME STREET ADDRESS 301-41ST STREET 3.3 STREET ADDRESS CITY - ST - ZIP MIAMI BEACH FL 33140 3 4. CHY-ST-ZIP TITLE DELETE D 4.1 110 8 Change Addition NAME DANIELS, NICHOLAS M 4 2 NAME 1111 LINCOLN ROAD MALL STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 4.4 City - ST- 7IP TITLE DELETE 5.1 THE F 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 DITY-ST-7P 64 CHY - 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)(k). 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 cath; 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 charged, or on an altachment with an address.

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TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/95)

3/11/9b 305 535 9574