


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716691** (1)  
1. Corporation Name  
**ARTHUR AND CAROL COURSHON FOUNDATION, INC.**



Principal Place of Business <b>1111 LINCOLN ROAD MALL SUITE 500 MIAMI BEACH FL 33139</b>	Mailing Address <b>1111 LINCOLN ROAD MALL SUITE 500 MIAMI BEACH FL 33139</b>
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3. Date Incorporated or Qualified <b>06/09/1969</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>23-7033991</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>Sontrust International Center</b> Suite, Apt. #, etc. 22 <b>One S.E. 3rd Ave, #2400</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33131</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>Sontrust International Center</b> Suite, Apt. #, etc. 27 <b>One S.E. 3rd Ave, #2400</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33131</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**DANIELS, NICHOLAS M  
THERREL BAISDEN & MEYER WEISS  
1111 LINCOLN ROAD MALL, SUITE 500  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>Sontrust International Center</b>
83 <b>One S.E. 3rd Avenue, #2400</b>
84 City <b>Miami</b> FL 85 Zip Code <b>33131</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>COURSHON, JACK R</b>	
STREET ADDRESS	<del>801 41ST STREET</del>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COURSHON, ARTHUR H</b>	
STREET ADDRESS	<del>801 41ST STREET</del>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>COURSHON, CAROL</b>	
STREET ADDRESS	<del>801 41ST STREET</del>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DANIELS, NICHOLAS M</b>	
STREET ADDRESS	<b>1111 LINCOLN ROAD MALL</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>700 Castle Creek Drive</b>	
1.3 STREET ADDRESS	<b>Aspen, CO 81611</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>100 S.E. 2nd Street, #2800</b>	
2.3 STREET ADDRESS	<b>Miami, FL 33131</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>100 S.E. 2nd Street, #2800</b>	
3.3 STREET ADDRESS	<b>Miami, FL 33131</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>One S.E. 3rd Avenue, Suite 2400</b>	
4.3 STREET ADDRESS	<b>Miami, Florida 33131</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

*Arthur Courshon* 2/2/98

CR2E037 (10/97)