

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90005 034 ****61.25

0031534

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717360

1. Corporation Name

UNIVERSITY OF MIAMI FRIENDS OF PHYSICS, INCORPORATED

Principal Place of Business
1046 ALFONSO AVE.
CORAL GABLES FL 33146

Mailing Address
1046 ALFONSO AVE.
CORAL GABLES FL 33146



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/16/1969 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1731554 | |
| 22 | | 27 | | Applied For Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HIRSCHBERG, JOSEPH G 1046 ALFONSO AVE. CORAL GABLES FL 33146 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 _____ DATE _____
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 | BURCH, STEWART | 1.2 NAME | |
| STREET ADDRESS | 1394 NW 192ND AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIRSCHBERG, JOSEPH G. DR | 2.2 NAME | |
| STREET ADDRESS | 1046 ALFONSO AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEU, WILBUR K | 3.2 NAME | |
| STREET ADDRESS | 4311 S.W. 16TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33134 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DI MARIO, ARTHUR | 4.2 NAME | |
| STREET ADDRESS | 12831 S.W. 115TH TERRACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLINGTON, JAMES W | 5.2 NAME | |
| STREET ADDRESS | 212 PHOENETIA AVE., NO 4 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BYRNE, JAMES D. | 6.2 NAME | |
| STREET ADDRESS | 851 BLUERIDGE WAY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE 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: March 5 305 665 9864
DATE: _____ DAYTIME PHONE #: _____

CR2E037 (1/198)