

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 732598 (8)
1. Corporation Name
THEODORE NEWMAN MEMORIAL FOUNDATION, INC.Principal Place of Business
7542 GRANVILLE DR
TAMARAC FL 33321
Mailing Address
7542 GRANVILLE DR
TAMARAC FL 33321-87373. Date Incorporated or Qualified
04/29/1975
3a. Date of Last Report
01/26/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 5000 22 City & State as above 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. same 27 City & State 28 Zip 29 Country	4. FEI Number 51-0141744 Applied For Not Applicable	5. Certificate of Status Desired 8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, THEODORE R., ESQ.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	STEARN, MARGARET NEWMAN	1.2 NAME	
STREET ADDRESS	7542 GRONVILLE DR., BLDG. G	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	STEARN, MARGARET NEWMAN	2.2 NAME	
STREET ADDRESS	7542 GRANVILLE DR., BLDG. G	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CARR, LOUIS	3.2 NAME	
STREET ADDRESS	7826 ROLLING BROOK	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CARR, BLANCHE	4.2 NAME	
STREET ADDRESS	7826 ROLLING BROOK	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone • 0036976

CR2E037 (9/96)