

FILE NOW: FILING FEE IS \$61.25

RECEIVED

93 APR 15 11 09:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 754345
1. Corporation Name
North Miami Beach Kiwanis Club
Scholarship Fund, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business
21 1550 NE Miami Gardens Drive
Suite, Apt #, etc. Suite 30C
City & State N. Miami Beach, FL
Zip 33179 Country US
28. Mailing Address
26 P.O. Box 640222
Suite, Apt #, etc. 640222
City & State Miami, FL
Zip 33164-0622 Country US

3. Date Incorporated or Qualified 9/25/80
4. FEI Number 69-1884435 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name Norman I. Segal
82 Street Address (P.O. Box Number is Not Acceptable) 19835 NE 12 Ave
83
84 City Miami FL 85 Zip Code 33179

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 Norman I. Segal
Signature (Type or Print Name of Registered Agent) (Not to be signed by Agent's representative)

Norman I. Segal 4/8/98
Signature (Type or Print Name of Registered Agent) (Not to be signed by Agent's representative)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Levy, Leroy	
STREET ADDRESS	1550 NE Miami Gardens Dr.	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Lozzzo, Linda	
STREET ADDRESS	13901 Oakridge Dr.	
CITY-ST-ZIP	Davie, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Segal, Norman	
STREET ADDRESS	19835 NE 12 Ave	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Fisher, Milton	
STREET ADDRESS	1310 NE 174th St	
CITY-ST-ZIP	N. Miami Beach, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Utgard, Herbert	
STREET ADDRESS	175 N.W. 167th St	
CITY-ST-ZIP	N. Miami Beach, FL	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	200002492902
2.3 STREET ADDRESS	-04/20/98--01005--002
2.4 CITY-ST-ZIP	****297.50 ****297.50
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REINSTATEMENT 97-98
3.3 STREET ADDRESS	SC 4-16-98
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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: Milton J. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/98

CR2E037 (10/97)