

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:41

DOCUMENT # 769083 (7)

1. Corporation Name
THE ELEANOR M. AND HERBERT D. KATZ FAMILY FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
200 E. BROWARD BLVD., STE. 1500
P.O. BOX 1900
FT LAUDERDALE FL 33302

3. Date Incorporated or Qualified 06/23/1983
3a. Date of Last Report 02/02/1994
4. FEI Number 59-2320940
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, THOMAS O.
200 E BROWARD BLVD
FT LAUDERDALE FL 33302

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	DP
NAME	KATZ, ELEANOR M.
STREET ADDRESS	4500 LINCOLN ST.
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	DV
NAME	KATZ, HERBERT D
STREET ADDRESS	4000 HOLLYWOOD BLVD., #710-N
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	D
NAME	KATZ, LAURA J.
STREET ADDRESS	720 WILD CAT CANYON ROAD
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	DST
NAME	KATZ, THOMAS O.
STREET ADDRESS	200 E BROWARD BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	KATZ, SALLY L.
STREET ADDRESS	1 INDEPENDENCE/UNIT 1
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	D
NAME	KATZ, DANIEL W
STREET ADDRESS	873 N.W. 110TH AVENUE
CITY-ST-ZIP	PLANTATION FL 33324

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	KATZ, HERBERT D.
2.4 CITY-ST-ZIP	4030-C Sheridan Street Hollywood, FL 33021
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	KATZ, LAURA J.
3.4 CITY-ST-ZIP	5307 Elliott Road Bethesda, MD 20816
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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] 1-17-95 305-529-2419
Typed Name of Signing Officer or Director Date Telephone #