

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769083 (7)

1. Corporation Name

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



Principal Place of Business 200 E. BROWARD BLVD., STE. 1500 P.O. BOX 1900 FT LAUDERDALE FL 33302	Mailing Address 200 E. BROWARD BLVD., STE. 1500 P.O. BOX 1900 FT LAUDERDALE FL 33302
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3. Date Incorporated or Qualified 06/23/1983	3a. Date of Last Report 01/26/1995
4. FEI Number 59-2320940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21 Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent
KATZ, THOMAS O.
200 E BROWARD BLVD
FT LAUDERDALE FL 33302

10. Name and Address of New Registered Agent

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 _____ 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	<input type="checkbox"/> DELETE
NAME	KATZ, ELEANOR M.	
STREET ADDRESS	4500 LINCOLN ST.	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KATZ, HERBERT D	
STREET ADDRESS	4030-C SHERIDAN ST.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, LAURA J.	
STREET ADDRESS	5307 ELLIOTT RD.	
CITY - ST - ZIP	BETHESDA MD	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KATZ, THOMAS O.	
STREET ADDRESS	200 E BROWARD BLVD	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, SALLY L.	
STREET ADDRESS	1 INDEPENDENCE/UNIT 1	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, DANIEL W	
STREET ADDRESS	673 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Secretary 1-25-96 954-527-2419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)