

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

02-17-1999 90003 036 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 769083

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/23/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2320940
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

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
	85 Zip Code
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ELEANOR M.	1.2 NAME	
STREET ADDRESS	4500 LINCOLN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, HERBERT D	2.2 NAME	
STREET ADDRESS	4030-C SHERIDAN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, LAURA J.	3.2 NAME	
STREET ADDRESS	5307 ELLIOTT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, THOMAS O.	4.2 NAME	
STREET ADDRESS	200 E BROWARD BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, SALLY L.	5.2 NAME	
STREET ADDRESS	1 INDEPENDENCE/UNIT 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, DANIEL W	6.2 NAME	
STREET ADDRESS	673 N.W. 110TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	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: SIGNATURE REQUIRED 1-19-99 954-527-2419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)