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Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90001 043 *****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 834447					
1. Corporation Name LT. J.G. WALTER A. JACOBS FOUNDATION, INC.					
Principal Place of Business 5222 N. BAY RD. MIAMI BCH. FL 33140 US			Mailing Address 5222 N. BAY RD. MIAMI BEACH FL 33140 US		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 05/29/1975 4. FEI Number 36-2491585 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	
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9. Name and Address of Current Registered Agent E. H. G. RESIDENT AGENTS INC. 2601 S. BAYSHORE DR. STE. 1225 MIAMI FL 33133				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	JACOBS, SALLY	1.2 NAME	
STREET ADDRESS	5222 N. BAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	JACOBS, RICHARD F	2.2 NAME	
STREET ADDRESS	5222 NORTH BAY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BLUMENTHAL, JANE	3.2 NAME	
STREET ADDRESS	1730 N. VIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SO	4.1 TITLE	
NAME	KREPS, ANDERW	4.2 NAME	
STREET ADDRESS	5222 N. BAY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	KREPS, DAVID	5.2 NAME	
STREET ADDRESS	5222 N. BAY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Richard F. Jacobs* 1/15/99 305-674-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)