

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004379 (3)

1. Corporation Name

DIANA WASSERMAN MEMORIAL FUND, INC.

Principal Place of Business

600 S.E. 3RD. AVE.
9TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address

C/O/ SUSANNE J. HOLANDER
400 LAKE COOK RD., #110
DEERFIELD IL 60015-4929



3. Date Incorporated or Qualified
08/23/1994

3a. Date of Last Report
08/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0325725

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME CLARK, FAY
STREET ADDRESS 600 S.E. 3RD AVENUE, 9TH FLOOR
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

1.1 TITLE DVC
1.2 NAME Gwen Lipscomb
1.3 STREET ADDRESS 600 S.E. 3rd Ave. 9th FL
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☐ Change

☒ Addition

TITLE DVC
NAME ~~KENNOTT, MT~~ Gwen Lipscomb
STREET ADDRESS 600 S.E. 3RD AVENUE, 9TH FLOOR
CITY-ST-ZIP FT LAUDERDALE FL 33301

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ST
NAME SCHLACKMAN, LEE
STREET ADDRESS 9954 MAJORCA PLACE
CITY-ST-ZIP BOCA RATON FL 33434

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME SCHLACKMAN, LEO L
STREET ADDRESS 9954 MAJORCA PLACE
CITY-ST-ZIP BOCA RATON FL 33434

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 any attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97
Date

Daytime Phone # 0076486

CR2E037 (9/96)