

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jan 29 1996 8:00 am

Secretary of State

DOCUMENT # F94000006094 (6)

1. Corporation Name

MARVIN AND KAY LICHTMAN FOUNDATION (CORPORATION)

Principal Place of Business

2 GROVE ISLE DR.  
COCONUT GROVE FL 33133

Mailing Address

2 GROVE ISLE DR.  
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified  
11/29/1994

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

21 7900 RED ROAD

Suite, Apt. #, etc.

22 SUITE 26

City & State

23 SOUTH MIAMI, FL

Zip

24 33143

Country

25 DADE

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

4. FEI Number

36-3795280

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

DANIELS, NICHOLAS M  
1111 LINCOLN ROAD; SUITE 500  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

EDWARD A. HAMMATT JR

82 Street Address (P.O. Box Number is Not Acceptable)

7900 RED ROAD, SUITE 26

83

84 City

SOUTH MIAMI

FL

85 Zip Code

33143

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

☐ DELETE

TITLE CP  
NAME LICHTMAN, MARVIN  
STREET ADDRESS 2 GROVE ISLE DR.  
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE CV  
NAME LICHTMAN, KAY  
STREET ADDRESS 2 GROVE ISLE DR.  
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE D  
NAME HOOD, JUNE  
STREET ADDRESS MERRILL LYNCH AT THE FALLS, 8840 SW 136 ST  
CITY-ST-ZIP MIAMI FL 33176

☒ DELETE

TITLE D  
NAME HIGGASON, SHEILA  
STREET ADDRESS 2833 HOFFMAN LANE  
CITY-ST-ZIP RIVERWOOD IL

☐ DELETE

TITLE D  
NAME LICHTMAN, KAY  
STREET ADDRESS 2 GROVE ISLE  
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

TITLE D  
NAME LICHTMAN, MARVIN  
STREET ADDRESS 2 GROVE ISLE  
CITY-ST-ZIP COCONUT GROVE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)