

FILE NOW: FILING FEE IS \$61.25

AMENDED RE

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Mar 18 1996 8:00 am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000606094**
 1. Corporation Name
MARVIN AND KAY LICHTMAN FOUNDATION

Principal Place of Business 7900 RED ROAD SUITE 26 SOUTH MIAMI, FL 33143	Mailing Address 7900 RED ROAD SUITE 26 SOUTH MIAMI, FL 33143
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/29/94	3a. Date of Last Report 1/23/96
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-3795280	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EDWARD A. HAMMATT JR 7900 RED ROAD SUITE 26 SOUTH MIAMI, FL 33143	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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	NAME	11. TITLE	NAME
	M JUNE M HOOD		JUNE M HOOD
STREET ADDRESS	MERRILL LYNCH AT THE FALLS, 8840 SW136	12. STREET ADDRESS	1226 SW 19 TERRACE
CITY - ST - ZIP	MIAMI, FL 33171	14. CITY - ST - ZIP	MIAMI, FL 33135
TITLE	NAME	21. TITLE	NAME
	EDWARD A. HAMMATT JR		EDWARD A. HAMMATT JR
STREET ADDRESS	7900 RED ROAD, SUITE 26	23. STREET ADDRESS	7900 RED ROAD, SUITE 26
CITY - ST - ZIP	SOUTH MIAMI, FL 33143	24. CITY - ST - ZIP	SOUTH MIAMI, FL 33143
TITLE	NAME	31. TITLE	NAME
			S/D SOL B. STISS
STREET ADDRESS		33. STREET ADDRESS	100 SE SECOND ST., SUITE 4000
CITY - ST - ZIP		34. CITY - ST - ZIP	MIAMI, FL 33131
TITLE	NAME	41. TITLE	NAME
			D VALARIE DOUBERLEY
STREET ADDRESS		43. STREET ADDRESS	13140 SW 69 CT
CITY - ST - ZIP		44. CITY - ST - ZIP	MIAMI, FL 33156
TITLE	NAME	51. TITLE	NAME
	C/P/D LICHTMAN, MARVIN		200001747-148
STREET ADDRESS	2 GROVE ISLE	52. STREET ADDRESS	-03/18/96--01085--016
CITY - ST - ZIP	COCONUT GROVE, FL	54. CITY - ST - ZIP	***71.25
TITLE	NAME	61. TITLE	NAME
	C/P/D LICHTMAN, KAY		
STREET ADDRESS	2 GROVE ISLE	63. STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE, FL	64. 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: **Ed G. Hammatt Jr** **2/14/96 (305) 663-6660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
05 3-18-96

CR2E037 (12/95)