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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001473 (4)**

1. Corporation Name

**MICHAEL AND DIANE ROSENBERG FAMILY FOUNDATION, I
NC.**

Principal Place of Business

Mailing Address

**5580 PETERSON LANE, STE. 250, LB 10
DALLAS TX 75240**

**5580 PETERSON LANE, STE. 250, LB 10
DALLAS TX 75240**

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

75-2696894

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENBERG, MICHAEL N DR.
8740 N. KENDALL DR., STE. 203
MIAMI FL 33176**

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	CP	<input type="checkbox"/> DELETE
NAME	ROSENBERG, MICHAEL N DR.	
STREET ADDRESS	3550 ROYAL PALM AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	ROSENBERG, BARBARA D	
STREET ADDRESS	3550 ROYAL PALM AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, GLENN I	
STREET ADDRESS	2808 MCKINNEY AVE., APT. 309	
CITY-ST-ZIP	DALLAS TX 75204	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, ALLISON D	
STREET ADDRESS	245 E. 63RD ST., APT. 308	
CITY-ST-ZIP	NEW YORK NY 10021	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 has 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 Section 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in any attachment with an address.

SIGNATURE:

Michael N Rosenberg
MICHAEL N ROSENBERG

2-10-98

3052743113

CR25037 (10/97)