

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

MAY - 1 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N00657 (9)**

1. Corporation Name

**THE ISIDORE AND PATRICIA WOLLOWICK FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

9999 COLLINS AVENUE, #14-J  
BAL HARBOUR FL 33154

9999 COLLINS AVENUE, #14-J  
BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/29/1983**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**59-2371537**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLLOWICK, ISIDORE J.**  
**9999 COLLINS AVENUE, #14-J**  
**BAL HARBOUR FL 33154**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resignating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD**  
NAME **WOLLOWICK, ISIDORE**  
STREET ADDRESS **9999 COLLINS AVE #14-J**  
CITY - ST - ZIP **BAL HARBOUR FL**

TITLE **D**  
NAME **WOLLOWICK, PATRICIA**  
STREET ADDRESS **9999 COLLINS AVE #14-J**  
CITY - ST - ZIP **BAL HARBOUR FL**

TITLE **D**  
NAME **WOLLOWICK, JANET AMY**  
STREET ADDRESS **9999 COLLINS AVE #14-J**  
CITY - ST - ZIP **BAL HARBOUR FL**

TITLE **D**  
NAME **LOWE, SANDRA LOIS**  
STREET ADDRESS **9999 COLLINS AVE #14-J**  
CITY - ST - ZIP **BAL HARBOUR FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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:

*Patricia Wollowick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Wollowick, Director**

**4/17/95**  
Date

**305-866-2745**  
Telephone Number