

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

DOCUMENT # **N00657 (9)**

1. Corporation Name
THE ISIDORE AND PATRICIA WOLLOWICK FAMILY FOUNDATION, INC.



Principal Place of Business: 9999 COLLINS AVENUE, #14-J, BAL HARBOUR FL 33154
Mailing Address: 9999 COLLINS AVENUE, #14-J, BAL HARBOUR FL 33154

3. Date Incorporated or Qualified: 12/29/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1351 S.W. 141 Ave.
22 301
23 Pembroke Pines, FL
24 33027
25
2a. Mailing Address
26 1351 S.W. 141 Ave.
27 301
28 Pembroke Pines, FL
29 33027
30

4. FEI Number: 59-2371537
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
WOLLOWICK, ISIDORE J.
9999 COLLINS AVENUE, #14-J
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent
81 Name: Patricia Wollowick
82 Street Address (P.O. Box Number is Not Acceptable): 1351 S.W. 141 Ave.
83 APT. # 301
84 City: Pembroke Pines FL
85 Zip Code: 33027

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: Patricia Wollowick
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	STD	<input checked="" type="checkbox"/>
NAME	WOLLOWICK, ISIDORE	
STREET ADDRESS	9999 COLLINS AVE #14-J	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/>
NAME	WOLLOWICK, PATRICIA	
STREET ADDRESS	9999 COLLINS AVE #14-J	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/>
NAME	WOLLOWICK, JANET AMY	
STREET ADDRESS	9999 COLLINS AVE #14-J	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/>
NAME	LOWE, SANDRA LOIS	
STREET ADDRESS	9999 COLLINS AVE #14-J	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1351 S.W. 141 Ave. # 301		
2.4 CITY-ST-ZIP	Pembroke Pines FL 33027		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	1351 S.W. 141 Ave. # 301		
3.4 CITY-ST-ZIP	Pembroke Pines FL 33027		
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	1351 S.W. 141 Ave. # 301		
4.4 CITY-ST-ZIP	Pembroke Pines FL 33027		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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, changed, or on an attachment with an address.

SIGNATURE: Patricia Wollowick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Wollowick
Sec. 4/17/96 450-1485
Date Daytime Phone #

CR2E037 (12/95)