

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N00669 (4)

1. Corporation Name
LEJEUNE FOUNDATION INC.

Principal Place of Business Mailing Address
9715 S.W. 142 DRIVE MIAMI FL 33176-3741

APPROVED AND FILED
95 APR -4 - AM 9: 44 . 0
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1983** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-2382578** Applied For Not Applicable
5. Certificate or Status Desired **\$9.75 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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA, KK.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EBERST, ROBERT C.
STREET ADDRESS	9715 SW 142 DR.
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	MEYER, HAROLD C.
STREET ADDRESS	5926 SW 11ST ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	WARE, RHODA C.
STREET ADDRESS	147 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	WRIGHT, ROBSON H.
STREET ADDRESS	4305 PALM FOREST DR.,N.
CITY - ST - ZIP	DELRAY BCH. FL
TITLE	D
NAME	COOPER, RAY
STREET ADDRESS	701 S.W. 73 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SWAIN, DORIS
STREET ADDRESS	13780 KENDALE LAKES DR
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert B. Eberst
4.3 STREET ADDRESS	9715 S.W. 142 Drive
4.4 CITY - ST - ZIP	Miami, FL, 33176
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Eberst, Pres. Robert C. Eberst 3/30/95 305-233-1259

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$130.00

**ANNUAL REPORT \$61.25 + \$68.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$130.00.

- Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a. If the computer-entered mailing address in Block 2 is a Post Office Box, a Post Office Box is acceptable.
- Block 3. Enter the date of incorporation or qualification.
- Block 3a. Enter the file date of the last filed annual report.
- Block 4. Complete Block 4 by entering your Federal Employer Identification Number (FEIN). If you do not have a FEIN, you must apply for one. If "applied for" is preprinted in Block 4, you must provide the FEIN number. For assistance, call (904) 487-6056.
- Block 5. Should you desire a certificate reflecting your filing, there is a fee. If you desire a certificate, check the box in Block 5 and include an additional \$8.75 with your filing.
- Block 6. Florida law allows for a voluntary contribution to the State's General Fund by officers and members of the Cabinet. If you would like to make such a contribution, check the box in Block 6.
- Block 7. If this corporation is a non-profit corporation, it is not subject to the \$68.75 supplemental corporation fee. Please direct all questions regarding non-profit corporations to (904) 487-6056. Service Code, please check the box. The corporation must pay the supplemental fee. Non-profit corporations must pay the supplemental fee.
- Block 8. Check the appropriate box. Please direct all questions regarding Block 8 to (904) 487-6056.
- Block 9. The law requires that each corporation have a registered agent. If the registered agent information in Block 9 is incorrect, enter the correct information.
- Block 10. Enter name of new Registered Agent and/or change of Registered Agent. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT. If the registered agent information in Block 9 is incorrect, enter the correct information.
- Block 11. The new registered agent must indicate familiarity with section 607.030(3), Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.
- Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.
- Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" OR "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses, if there is no street address, enter the mailing address and "N/A".
- Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Mr. Rabson Wright
is
Deceased - Dropped
from Board
+ Added
Rabat B. Eberat

Send only 1995 Preprinted Annual Reports with stub and check to:
Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:
Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.