FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 2-28-95 B-1649 XC

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:17

DOCUMENT # N04403 (4)

1. Corporation Name

THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

Principal Place of Business	Mailing Address
%ARNOLD N. LANNER 1980 S OCEAN DRIVE, APT 14-J HALLANDALE FL 33009	%ARNOLD N. LANNER 1980 S OCEAN DRIVE, APT 14-J HALLANDALE FL 33009

2. Principal Place of Business 21 — 2a. Mailing Address 26
Suite, Apt. #, etc. 22 — Suite, Apt. #, etc. 27
City & State 23 — City & State 28
Zip 24 Country 25 — Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1984
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2710007 ☐ 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

9. Name and Address of Current Registered Agent

LANNER, ARNOLD N.
1980 S OCEAN DRIVE
APT 14-J
HALLANDALE FL 33009

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 XXXXXXXXXXXXXXXXXXXXXXXXXX Arnold N. Lanner XXXXXXXXXX 2/23/1995 XXXXXX
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LANNER, ARNOLD
STREET ADDRESS	1980 S OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	VPD
NAME	ROSNER, AL
STREET ADDRESS	1980 S. OCEAN DR.
CITY-ST-ZIP	HALLANDALE FL
TITLE	TC
NAME	WATERMAN, HELEN
STREET ADDRESS	1445 ATLANTIC SHRS BLVD
CITY-ST-ZIP	HALLANDALE FL
TITLE	D
NAME	BELTZER, SYLVIA
STREET ADDRESS	1000 NE 14TH AVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	D
NAME	KUPFER, JACK
STREET ADDRESS	800 PARKVIEW DRIVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	D
NAME	LANNER, JOANNE
STREET ADDRESS	1980 S. OCEAN DR
CITY-ST-ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: [signature] Arnold N. Lanner 2/23/95 305 454-9538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037310