

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
--------------------------------------	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:38

DOCUMENT # N12798 (7)

1. Corporation Name

SEGAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 8180 NW 36ST 100 MIAMI FL 33166	Mailing Address 8180 NW 36ST 100 MIAMI FL 33166
---	---

3. Date Incorporated or Qualified 12/30/1985	3a. Date of Last Report 07/12/1994
--	--

4. FEI Number 59-2627839	Applied For Not Applicable
------------------------------------	-------------------------------

2. Principal Place of Business 21	2a. Mailing Address 26
---	----------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---------------------------------------

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
----------------------------------	----------------------------------

6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
---	------------------------------------

City & State 23	City & State 28
---------------------------	---------------------------

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
---	--

Zip 24	Country 25	Zip 29	Country 30
------------------	----------------------	------------------	----------------------

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

9. Name and Address of Current Registered Agent SAX, WILLIAM 8180 NW 36ST 100 MIAMI FL 33166	
--	--

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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SEGAL, JOSHUA J.	1.2 NAME	
STREET ADDRESS	8180 NW 36TH ST., #100	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	SAX, WILLIAM	2.2 NAME	
STREET ADDRESS	8180 NW 36TH ST., #100	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	SEGAL, IRA	3.2 NAME	
STREET ADDRESS	7400 N KENDALL DR #400	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(g), 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:  **3/23/95**
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR OFFICER ON DISCLOSURE
JOSHUA J. SEGAL
(305) 670-4444