SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15111

(0)

FILED Jul 22 1998 8:00am ° Secretary of State

1. Corporation Name					
THE INSIGHT FOUNDATION, INC.					11311 511114 54514 511114 Shari 2511
Orinalasi Dias	o of Business	Molling Address		-{	/
Principal Place of Business Malling Address					
ONE SOUTHEAST THIRD AVE. 17TH FLOOR MIAMI FL 80181			17TH FLOOR	3. Date Incorporated or Qualified 05/27/1986	
				4. FEI Number	Applied For
				59-2673459	Not Applicable
2. Principal Place of Business 21 SH GRICKELL AVENUE 22 ISH ARI H. dr. Sulla Ant H. dr. Sulla Ant H. dr. Sulla Ant H. dr.			CELL AVENUE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
onite, who	e, Apr. #, etc.			6. Election Campaign Financing	\$5.00 May Be
	#7. 3705 27 APT. 3705 City & State City & State			Trust Fund Contribution	Added to Fees
23 M/A	- · · · · · · · · · · · · · · · · · · ·	28 MIANY	FLORIDA	7. Is this nonprofit corporation a homeowned Yes	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 33	129 25 USA	29 33/29 30	USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	J Agent
81 Name A				OLLAK, WILLIAM	S.
				ess (P.O. Box Number is Not Acceptable) / BRICKEL PVEN	UE
MIAMI FL 3313T			83 AOT	. 3705	
*			84 City		85 Zip Code_
	<u> </u>		m	1977) FI	L 33129
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 tamiliar with, and accept the obligations of, section 617,0503, Florida Statutes.					
SIGNATURE Signal At 1965 or Dictard Jurist of Registered against and fille if applicable. (NOTE: Registered Against alignature required when reinstating) DATE DATE					
12.	Signature, Apped or purited purpose of registered against an		адівтегео Адалі відпасоге гадон 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD		4.4 70 70 7		Change Addition
NAME	POLLAK, WILLIAM S.	<u></u>	1.2 NAME	² b) S	A
STREET ADDRESS	1221 BRICKELL AVE, NINTH FLOO	er l	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAM FL		1.4 CITY-ST-ZIP		
TITLE	VD.	DELETE	2.1 TITLE		Change Addition
NAME	KULOK, WINSTON		2.2 NAME		
STREET ADDRESS	100 1110		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	TD:	DEECTE	3.1 TITLE		Change Addition
NAME	KESTENBAUM, PAUL TODD		3.2 NAME		
STREET ADDRESS	10550 DUNLEAR DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA	F-7	3.4 CITY-ST-ZIP		T7:
TITLE	DAROOK DICHADD-L	Z Dittie	4.1 TITLE		Change
NAME	RAZOOK, RICHARD J.	1	4.2 NAME		·
STREET ADDRESS	ONE-S.E. THIRD AVE #1700	1	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP	INTERNAL PER	Delete	5.1 TITLE		Change Addition
NAME	· ·	☐ DELETE	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		
	ertify that the information supplied with the	nis filing does not qualify for the e	xemption stated in sect	ion 119.07(3)(i), Florida Statutes. I further certification in the same length effect as if made unit	y that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report has a report as 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

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

7 6 98 (305) 358-508 Date Desptime Phone #