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		INC.	LILING	ILLIO	901.Z J

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990			·	Secretai	W OT 3	State
DOCU 1. Corporation	MENT # N1589	Secretar	y OI i	Juic			
THE B	ILLFISH FOUNDATION, INC.						
Principal Plac	ce of Business	Mailing Address					
2419 E. COMM	IERCIAL BLVD #303	PO BOX 8787		-	3. Date Incorporated or Qualified		
FT LAUDERDA	LE FL 33908	FT LAUDERDALE FL 333	10	1	07/16/1986		
ļ		US			4. FEI Number	7	Applied For
					59-2694327		Not Applicable
2. Principal F	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	- T	3.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		.00 May Be
22		27			Trust Fund Contribution		ded to Fees
City & Stat	te	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	<u> </u>	8. This corporation owes or has pa		
24	25	29	30		Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent			Name and Address of New Re	gistered Agent	
			81 N	ame			
PEEL, E	llen Commercial blvd		82 S	treet Address	(P.O. Box Number is Not Acceptat	ole)	
STE 303			83				
	DERDALE FL 33310		84 C	ity		los.	Zin Codo
				•		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligat	and 617.1508, Florida Stat of Florida, Such change was	utes, the above-na sauthorized by the	med corpora corporation	ition submits this statement for the p 's board of directors. I hereby acces	ourpose of chan	ging its registered
agent. 1 a	ım famillar with, and accept the obligat	ions of, Section 617.0503, I	Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent sig	mature recuired w	then reinstation	DATE	
12.	OFFICERS AND		13.	grature requires to	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	CD	DELETE	1.1 TITLE			☐ CI	hange
NAME .	ROCKEFELLER, WINTHROP		1.2 NAME				
STREET ADDRESS	124 W CAPITOL STE 1590		1.3 STREET ADD	RESS			
CITY-ST-ZIP	LITTLE ROCK AR	U of or	1.4 CITY-ST-ZI	,			
TITLE	PD BANCONIT ME	☐ DELETE	2.1 TITLE	-			nange 🔲 Addition
NAME STREET ADDRESS	IMMERNUT, MEL 1 CHASE MANHATTAN PLZ 54	TH ELOOP	2.2 NAME 2.3 STREET ADD	2500			
City-ST-ZIP	NEW YORK NY	III FLOOM	2.3 STREET ADD				
TITLE	VD	☐ DELETE	3.1 TITLE	<u>'</u>		☐ Ct	nange Addition
NAME	VICENTE, RALPH		3.2 NAME				-
STREET ADDRESS	B #3 VILLA DE TINTILLO		3.3 STREET ADD	RESS			
CITY-ST-ZIP	GUAYNABO PR		3.4. CITY-ST-ZI	p			
TITLE	M	☐ DELETE	4.1 TITLE			☐ Ch	nange 🔲 Addition
NAME	PEEL, ELLEN		4. 2 NAME				
STREET ADDRESS	2419 E COMMERCIAL BLVD, S	IE 303	4.3 STREET ADDI	ľ			
City-St-Zip Title	FT LAUDERDALE FL TSD	DELETE	4.4 CITY-ST-ZIF 5.1 TITLE	<u>' </u>		☐ Ch	ange Addition
NAME	JONES, ROBERT		5.2 NAME			<u>.</u>	ange Accision
STREET ADDRESS	1935 SOUTH CAMPBELL		5.3 STREET ADDR	RESS			
CITY-ST-ZIP	SPRINGFIELD MO		5.4 CITY - ST- ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDR	IESS			
CITY-ST-ZIP			6.4 CITY - ST - 719				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

WELLE REQUIRED

1/12/98 954-938-015

FILED

Feb 04 1998 8:00am

CR2E037 (10/97)