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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N16626 (6)

1. Corporation Name

SHIRLEY BRANT FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O DAVID M. LAZAN  
1090 KANE CONCOURSE, SUITE 202  
BAY HARBOR ISLANDS FL 33154

C/O DAVID M. LAZAN  
1090 KANE CONCOURSE, SUITE 202  
BAY HARBOR ISLANDS FL 33154-2153



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
09/04/1986

3a. Date of Last Report  
07/08/1996

4. FEI Number  
59-2744506

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZAN, DAVID M.  
1090 KANE CONCOURSE  
SUITE 202  
BAY HARBOR ISLANDS FL 33154

81 Name LAWRENCE I. BRANT

82 Street Address (P.O. Box Number is Not Acceptable)

3904 DURANGO ST

84 City CORAL GABLES

FL

85 Zip Code 33134

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 21, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE

NAME BRANT, LAWRENCE  
STREET ADDRESS 3904 DURANGO STREET  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME CLARK, EILENE  
STREET ADDRESS 3181 N. 35TH ST.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE

NAME AGRON, NORTON H.  
STREET ADDRESS 3725 NE 208TH ST  
CITY-ST-ZIP AVENTURA FL

TITLE D ☐ DELETE

NAME AGRON, JUDY  
STREET ADDRESS 3725 NE 208TH ST  
CITY-ST-ZIP AVENTURA FL

TITLE D ☐ DELETE

NAME BROOKS, GEORGE J.  
STREET ADDRESS 3500 ISLAND BLVD #D104  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE

NAME KROP, LOIS  
STREET ADDRESS 2001 NE 195TH DR.  
CITY-ST-ZIP N. MIAMI BEACH FL

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 does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

omption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under oath; that I execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE LAWRENCE I. BRANT 305-

CR2E037 (9/96)