

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17865
1. Corporation Name
MIZNER FOUNDATION OF BOYNTON BEACH, INC.

Principal Place of Business
1010 S FED HY
P.O BOX 823
BOYNTON BEACH FL 33425
US

Mailing Address
1010 S FED HY
P.O BOX 823
BOYNTON BEACH FL 33425
US

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 047 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/20/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2806950	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEPARD, MARIE 140 WEST OCEAN AVENUE BOYNTON BEACH FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			
				33426			

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 Lee Buffan **Lee Buffan, President** DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SHEPARD, MARIE	1.2 NAME	
STREET ADDRESS	140 W. OCEAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD
NAME	MILLION, M	2.2 NAME	Buffan, Lee
STREET ADDRESS	8782 INDIAN RIVER RN	2.3 STREET ADDRESS	2563 S.W. 10th Street
CITY-ST-ZIP	BOYNTON BCH FL 33437	2.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	SD	3.1 TITLE	
NAME	PADGETT, TEREESA	3.2 NAME	
STREET ADDRESS	222 NW 1ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	TRAYLOR, B S	4.2 NAME	
STREET ADDRESS	1260 S FED HWY, STE 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SIMON, ERNEST G.	5.2 NAME	
STREET ADDRESS	P.O.BOX 2020, NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Lee Buffan **Lee Buffan, President** Date _____ (561) 737-8486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)