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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N19430 (0)

1. Corporation Name
THE GEORGE H. AND MILDRED B. PANUSKA FOUNDATION, INC.

Principal Place of Business: 2500 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301
Mailing Address: 2500 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 02/26/1987

4. FEI Number: 65-0042134
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (26-30) details including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: PANUSKA, GEORGE H. 2500 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL 85).

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) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	PANUSKA, MILDRED B.
STREET ADDRESS	2500 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROUSE, RAYMOND H.
STREET ADDRESS	1112 HAWKSTONE DRIVE
CITY-ST-ZIP	CINCINNATI OH
TITLE	D <input type="checkbox"/> DELETE
NAME	RACK, WILMA B.
STREET ADDRESS	4050 RIVER ROAD
CITY-ST-ZIP	CINCINNATI OH
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, BART A., JR.
STREET ADDRESS	140 HIGHLAND AVE.
CITY-ST-ZIP	FT. THOMAS KY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, N 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002499338
5.3 STREET ADDRESS	-04/24/98--01037--033
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: [Handwritten Signature]

CR2E037 (10/97)