


FILE NUMBER FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999 AMENDED



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

FILED
 99 SEP -9 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N19593
 1. Corporation Name
ALVIN AND ANITA PERLMAN FOUNDATION, INC.

Principal Place of Business Mailing Address
 c/o Howard W. Gordon
 2035 NE 201 Terrace
 No. Miami Beach, FL 33179

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2786807	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORDON, HOWARD W. 2035 NE 201 Terrace No. Miami Beach, FL 33179				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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]* DATE: 8/31/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, HOWARD W.	1.2 NAME	
STREET ADDRESS	2035 NE 201 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33179	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	400002987504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERLMAN, ALVIN	2.2 NAME	-09/15/99--01041--001
STREET ADDRESS	2035 NE 201 TERRACE	2.3 STREET ADDRESS	*****61.50 *****61.50
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33179	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, SHIRLEY	3.2 NAME	
STREET ADDRESS	2035 NE 201 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33179	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PERLMAN, ANITA
STREET ADDRESS		4.3 STREET ADDRESS	2035 NE 201 TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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: *[Signature]* Howard W. Gordon, Pres. 8/31/99 305-789-9200 KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C025037 (11/98)