

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21901** (6)

1. Corporation Name
THE GRAFF FAMILY FOUNDATION, INC.



Principal Place of Business: %STUART GRAFF, 7115 AYRSHIRE LANE, BOCA RATON FL 33496
Mailing Address: %STUART GRAFF, 7115 AYRSHIRE LANE, BOCA RATON FL 33496

3. Date Incorporated or Qualified: **08/05/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **65-0010376**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GRAFF, STUART
5355 TOWN CENTER ROAD, S-501
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAFF, STUART	
STREET ADDRESS	7115 AYRSHIRE LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAFF, PAULA	
STREET ADDRESS	7115 AYRSHIRE LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, BRUCE	
STREET ADDRESS	5355 TOWN CTR ROAD S-501	
CITY - ST - ZIP	BOCA RATON FL	
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 IN 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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ (Signature and typed name of signing officer or director)
Date: **1/23/96** Daytime Phone #: **407-395-5618**

CR2E037 (12/95)