


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N24172 (1)</b>					
1. Corporation Name <b>BLANK FAMILY FOUNDATION, INC.</b>					



Principal Place of Business <b>%ROBERT J. PUCK 9350 SOUTH DIXIE HIGHWAY, SUITE 900 MIAMI FL 33156</b>		Mailing Address <b>%ROBERT J. PUCK 9350 SOUTH DIXIE HIGHWAY, SUITE 900 MIAMI FL 33156</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	

3. Date Incorporated or Qualified <b>12/31/1987</b>	
4. FEI Number <b>65-0060771</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PUCK, ROBERT J. 9350 SOUTH DIXIE HIGHWAY, SUITE 900 MIAMI FL 33156</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 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	DVP <input type="checkbox"/> DELETE
NAME	<b>BLANK, TONY</b>
STREET ADDRESS	<b>9350 S DIXIE HWY S900</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	DV <input type="checkbox"/> DELETE
NAME	<b>BLANK, MARK</b>
STREET ADDRESS	<b>9350 SOUTH DIXIE HY S900</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	DV <input type="checkbox"/> DELETE
NAME	<b>BLANK, ANDREW</b>
STREET ADDRESS	<b>9350 SOUTH DIXIE HY S900</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>PUCK, ROBERT J.</b>
STREET ADDRESS	<b>9350 SOUTH DIXIE HY S900</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>BLANK, JEROME</b>
STREET ADDRESS	<b>9350 S DIXIE HWY, #900</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
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 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 in an attachment with an address.

SIGNATURE: 

CR2E037 (10/97)