

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26337 (8)

1. Corporation Name

THE BUDD AND NANETTE MAYER SUPPORT FOUNDATION, INC.

Principal Place of Business

Mailing Address

*PENNY MARLIN
4200 BISCAYNE BLVD.
MIAMI FL 33137

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4200 BISCAYNE BLVD.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1988

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0067413

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4200 BISCAYNE BLVD

26 4200 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33137

Country

Zip

29 33137

Country

30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARLIN, PENNY
4200 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

STEPHEN E. ROSE

82 Street Address (P.O. Box Number is Not Acceptable)

4200 BISCAYNE BLVD.

83

84 City

MIAMI

FL

85 Zip Code

33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0503, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

DST
MARLIN, PENNY
4200 BISCAYNE BLVD.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SOLOMON, JACOB
4200 BISCAYNE BLVD.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SEGAL, MIKE
175 NW FIRST AVENUE 2000
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC
MAYER, BUDD
1351 98TH STREET
BAY HARBOR ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVC
GURLAND, BARRY
2500 E HALLANDALE BEACH
HALLANDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DST
STEPHEN E. ROSE
4200 BISCAYNE BLVD.
MIAMI, FL 33137

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR