

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB -6 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26998 (7)**

1. Corporation Name
THE ALAN E. SCHUBERT FOUNDATION, INC.

Principal Place of Business Mailing Address
8000 N. FEDERAL HIGHWAY BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/17/1988 | 3a. Date of Last Report 06/17/1994 |
| 4. FEI Number 65-0058078 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**HCRM CORP.
1900 CORPORATE BLVD., NW
SUITE 400, WEST BUILDING
BOCA RATON FL 33432**

| | |
|--|---|
| 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------|
| TITLE | PTD |
| NAME | SCHUBERT, ALAN E. |
| STREET ADDRESS | 800 N. FEDERAL HWY |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | D |
| NAME | SCHUBERT, FRANCES |
| STREET ADDRESS | 1071 D CORNWALL |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | VSD |
| NAME | SCHUBERT, LAWRENCE H. |
| STREET ADDRESS | 4469 WOODFIELD BLVD |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | D |
| NAME | SCHUBERT, MATTHEW |
| STREET ADDRESS | 111 WEST MAPLE |
| CITY - ST - ZIP | CHICAGO IL |
| TITLE | D |
| NAME | SCHUBERT, JASON |
| STREET ADDRESS | 4469 WOODFIELD BLVD |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | D |
| NAME | SCHUBERT, NADYA |
| STREET ADDRESS | 4469 WOODFIELD BLVD |
| CITY - ST - ZIP | BOCA RATON FL |

| 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 | 500001401485 |
| 1.4 CITY - ST - ZIP | -02/09/95--01039--012 |
| 2.1 TITLE | *****61.25 <input checked="" 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 110.07(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 incorporator or limited partner authorized 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: *Alan E. Schubert* **1-13-95** **305 763 1530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)