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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26998 (7)

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



Principal Place of Business 305 N VICTORIA PARK RD FT LAUDERDALE FL 33301 US	Mailing Address 305 N VICTORIA PARK RD FT LAUDERDALE FL 33301 US
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3. Date Incorporated or Qualified 06/17/1988	
4. FEI Number 65-0058078	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 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 Country	28 Zip Country
24	29 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 B & C Corporate Services, Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd, Suite 3000	
83	
84 City MIAMI	85 Zip Code FL 33131

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 Martha Freeman MARTHA FREEMAN Assistant Secretary 2/17/98
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	PTD <input type="checkbox"/> DELETE
NAME	SCHUBERT, ALAN E.
STREET ADDRESS	800 N FEDERAL HWY 205 N VICTORIA PK RD
CITY-ST-ZIP	BOCA RATON FL FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHUBERT, FRANCES
STREET ADDRESS	1071 D CORNWALL
CITY-ST-ZIP	BOCA RATON FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	SCHUBERT, LAWRENCE H.
STREET ADDRESS	4400 WOODFIELD BLVD 17999 LAKE ESTATE DR
CITY-ST-ZIP	BOCA RATON FL BOCA RATON, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHUBERT, MATTHEW
STREET ADDRESS	111 WEST MAPLE 1524 WINDY HILL DR.
CITY-ST-ZIP	CHICAGO IL NORTH BROOK, IL.
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHUBERT, JASON
STREET ADDRESS	4400 WOODFIELD BLVD 17999 LAKE ESTATE DR
CITY-ST-ZIP	BOCA RATON FL BOCA RATON, FL.
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHUBERT, NADYA
STREET ADDRESS	4400 WOODFIELD BLVD 17999 LAKE ESTATE DR
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUZUKI, ROBERT A
1.3 STREET ADDRESS	305 N VICTORIA PARK RD
1.4 CITY-ST-ZIP	FT LAUDERDALE FL
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 on an attachment with an address.

SIGNATURE: Alan E. Schubert ALAN E SCHUBERT 1/20/98 954 779 2680

CR2E037 (10/97)