

# 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 # N28114 (9)**

1. Corporation Name

**BENNETT M. LIFTER FOUNDATION, INC.**

Principal Place of Business

**18425 NW 2 AVE  
SUITE 305 - P O BOX 694645  
MIAMI FL 33169**

Mailing Address

**18425 NW 2 AVE  
SUITE 305 - P O BOX 694645  
MIAMI FL 33169**



3. Date Incorporated or Qualified

**08/30/1988**

3a. Date of Last Report

**07/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIFTER, BENNETT M.  
18425 N.W. 2ND AVENUE, SUITE 305  
MIAMI FL 33169**

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LIFTER, BENNETT M.**  
STREET ADDRESS **18425 NW 2ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ DELETE

NAME **LIFTER, BAYLA**  
STREET ADDRESS **18425 NW 2ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ DELETE

NAME **WOLIN, NANCY**  
STREET ADDRESS **18425 NW 2ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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: **BENNETT M. LIFTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

(305) 652-5506

Daytime Phone

CR2E037 (12/95)