FILE NOW: FILING FEE IS $61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N33885** **(7)**

1. Corporation Name

THE LEONARD L. AND BERTHA U. ABESS FOUNDATION, I NCORPORATED.

Principal Place of Business	Mailing Address
25 W FLAGELR ST MIAMI FL 33130 US	LEONARD L ABESS JR 25 W FLAGLER ST 6TH FL MIAMI FL 33130 US

3. Date Incorporated or Qualified: 08/25/1989

4. FEI Number: 65-0151462 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: 25 Flagler St; 22: Suite, Apt. #, etc.; 23: City & State; 24: Zip; 25: Country

2a. Mailing Address — 26; 27: Suite, Apt. #, etc.; 28: City & State; 29: Zip; 30: Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHOCKETT, WILLIAM E.
25 WEST FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABESS, LEONARD L. SR.		1.2 NAME		
STREET ADDRESS	5255 COLINS AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☒ Change ☒ Addition
NAME	ABESS, BERTHA U.. SR.		2.2 NAME	ABESS, Jayne	
STREET ADDRESS	5255 COLINS AVENUE		2.3 STREET ADDRESS	4950 Pine Tree Drive	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	Miami Beach, FL 33140-3141	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ABESS, LEONARD L. JR.		3.2 NAME		
STREET ADDRESS	4950 PINETREE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ABESS, ALLAN T. JR.		4.2 NAME		
STREET ADDRESS	3645 PALMETTO AVENUE		4.3 STREET ADDRESS	200 Ocean Trail #101	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Juipter, FL 33477-5511	
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARRS, R. GRADY		5.2 NAME		
STREET ADDRESS	6760 SW 68TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: R. Grady Barrs 3/31/98 305/577-7274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #