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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Feb 24, 1999 8:00 am
Secretary of State
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1. Corporation Name

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

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/25/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0151462 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHOCKETT, WILLIAM E. 25 WEST FLAGLER STREET MIAMI FL 33130	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		☐ Change ☐ Addition
NAME	ABESS, JAYNE		2.2 NAME		
STREET ADDRESS	4950 PINE TREE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140-3141		2. 4 CITY-ST-ZIP		
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	200 OCEAN TRAIL #101		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUIPTER FL 33477-5511		4.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/8/99 305/577-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Leonard L. Abess Jr.