

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40244 (8)
1. Corporation Name
THE BURTON AND HARRIET PALTER FOUNDATION, INC.



Principal Place of Business 1320 SOUTH DIXIE HWY. SUITE 830 CORAL GABLES FL 33146		Mailing Address 1320 SOUTH DIXIE HWY. SUITE 830 CORAL GABLES FL 33146		3. Date Incorporated or Qualified 10/08/1990	
2. Principal Place of Business 21 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 22 Suite 1125 City & State 23 Coral Gables, Florida Zip Country 24 33134 25 USA		2a. Mailing Address 26 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 27 Suite 1125 City & State 28 Coral Gables, Florida Zip Country 29 33134 30 USA		4. FEI Number 65-0220930 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent BREIER, ROBERT G. 1320 SOUTH DIXIE HWY. SUITE 830 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
				81 Name Robert G. Breier, Esq.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce De Leon Boulevard			
				83 Suite 1125			
				84 City Coral Gables FL 85 Zip Code 33134			

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  **3/20/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TPD	<input type="checkbox"/> DELETE		1.1 TITLE	TPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALTER, BURTON			1.2 NAME	Palter, Burton		
STREET ADDRESS	2000 S OCEAN BLVD #507-S			1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125		
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	TSTD	<input type="checkbox"/> DELETE		2.1 TITLE	TSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALTER, HARRIET			2.2 NAME	Palter, Harriet		
STREET ADDRESS	2000 S OCEAN BLVD #507S			2.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125		
CITY-ST-ZIP	PALM BEACH FL			2.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALTER, DANIEL			3.2 NAME	Palter, Daniel		
STREET ADDRESS	RR 3, BOX 2345 N/A			3.3 STREET ADDRESS	2800 Ponce De Leon Blvd., #1125		
CITY-ST-ZIP	HONSDALE PA			3.4 CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  **BURTON M. PALTER** **3/29/98** **561-588-7241**

CR2E037 (10/97)