

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 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 # *N41120*
1. Corporation Name
THE SANDS FAMILY FOUNDATION, INC.

Principal Place of Business 636 LAKEWOOD CIRCLE EAST DELRAY BEACH, FL 33445	Mailing Address 636 LAKEWOOD CIRCLE EAST DELRAY BEACH, FL 33445
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12-4-90
4. FEI Number 65-0233033
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 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
SANDS, IRVING
636 LAKEWOOD CIRCLE EAST
DELRAY BEACH, FL 33445

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, IRVING
STREET ADDRESS	636 LAKEWOOD CIRCLE EAST
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, HARRIETT
STREET ADDRESS	636 LAKEWOOD CIRCLE EAST
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, RICHARD M.
STREET ADDRESS	37 BEVERLY RD.
CITY-ST-ZIP	ARLINGTON, MA 02174
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, DAVID E.
STREET ADDRESS	2100 SAND RUN KNOLLS
CITY-ST-ZIP	AKRON, OH
TITLE	D <input type="checkbox"/> DELETE
NAME	BOBER, STANLEY M.
STREET ADDRESS	411 WOLF LEDGES, STE 400
CITY-ST-ZIP	AKRON, OH 44311
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, DONALD A.
STREET ADDRESS	8265 TWIN LAKE DR
CITY-ST-ZIP	BOCA RATON, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600002543436
53 STREET ADDRESS	-06/02/98--01018--006
54 CITY-ST-ZIP	***70.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *X* *Irving Sands* **IRVING SANDS** *X* **5/9/98** **561 498 4347**

CR2E037 (10/97)