
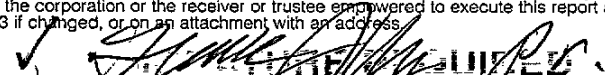


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 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 # N41174 (6) 1. Corporation Name FANCHON E. KOMITO MEMORIAL FOUNDATION, INC.					
Principal Place of Business 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154			Mailing Address 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154		
2. Principal Place of Business		2a. Mailing Address			
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		
22	City & State	27	City & State		
23	Zip	28	Zip	29	Country
24	25	25	29	30	Country
9. Name and Address of Current Registered Agent					
NELSON, THEODORE R. 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	NELSON, THEODORE R.				
STREET ADDRESS	1135 KANE CONCOURSE				
CITY-ST-ZIP	BAY HARBOR ISLDS FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	FELDMAN, MICHAEL K.				
STREET ADDRESS	1135 KANE CONCOURSE				
CITY-ST-ZIP	BAY HARBOR ISLDS FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	NELSON, SARAH A.				
STREET ADDRESS	1135 KANE CONCOURSE				
CITY-ST-ZIP	BAY HARBOR ISLDS FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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)(l), 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:  1-12-98 305 865-5716					



Letter attached

CR2E037 (10/97)



STATE OF FLORIDA
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

May 7, 1993

L. H. Fuchs
Executive Director

Fanchon E. Komito Memorial Foundation, Inc.
c/o Theodore R. Nelson
1135 Kane Concourse
Bay Harbor Islands, Florida 33154

RE: Intangible Personal Property Tax

Dear Sir/Madam:

This office is pleased to notify your organization that it has been granted exemption from the payment of Florida Intangible Personal Property Tax under Section 199.183, Florida Statutes.

At this point in time, your organization does meet all requirements necessary to qualify for such an exemption privilege. Any changes relative to the organization's Federal exempt status under 501(c)(3) or Florida Consumer Certificate of Exemption should be reported immediately to this office.

If we may be of further assistance concerning this matter, please contact this office at (904) ~~488-9750~~ 487-7000.

Sincerely,

Joseph W. Gilboy
Joseph W. Gilboy, Revenue Examiner II
Application Acceptance Section

JWG/ch