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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41408					
1. Corporation Name DAVID N. ROSNER CHARITABLE FOUNDATION, INC.					
Principal Place of Business 2599 NW 63RD LANE BOCA RATON FL 33496 US			Mailing Address 2599 NW 63RD LANE BOCA RATON FL 33496 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/26/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0250584	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution ☐	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSNER, DAVID N. 2599 NW 63RD LANE BOCA RATON FL 33496				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE _____ ☐ DELETE NAME ROSNER, DAVID N. STREET ADDRESS 6067 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL				1.1 TITLE _____ ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 2599 NW 63rd Lane 1.4 CITY-ST-ZIP Boca Raton, FL 33496			
TITLE _____ ☐ DELETE NAME ROSNER, DAVID N. STREET ADDRESS 6067 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL				2.1 TITLE _____ ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2599 NW 63rd Lane 2.4 CITY-ST-ZIP Boca Raton, FL 33496			
TITLE _____ ☐ DELETE NAME SIMON, RICHARD STREET ADDRESS 6067 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL				3.1 TITLE _____ ☒ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 19707 Turnberry Way # 3.4 CITY-ST-ZIP Aventura, FL 33180			
TITLE _____ ☐ DELETE NAME ROSNER, BONNIE STREET ADDRESS 6067 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL				4.1 TITLE _____ ☒ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 2599 NW 63rd Lane 4.4 CITY-ST-ZIP Boca Raton, FL 33496			
TITLE _____ ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE _____ ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE _____ ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE _____ ☐ Change ☐ 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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 561-241-3500
Date Daytime Phone #

CR2E037 (11/98)