2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N42354

Entity Name: DR. BRUCE HEIKEN MEMORIAL FUND, INC.

Current Principal Place of Business:

10300 SUNSET DR
STE 303
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10300 SUNSET DR
STE 303
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0273018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUNDL, JOANNE DR
377 NO KROME AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MORRIS, STEPHEN O	
Address:	8420 CORAL WAY	
City-St-Zip:	MIAMI, FL 33155	
Title:	SD	( ) Delete
Name:	CHERDACK, MELANIE	
Address:	1541 BRICKELL AVE. #1502	
City-St-Zip:	MIAMI, FL 33129	
Title:	VD	( ) Delete
Name:	STERN, SIDNEY	
Address:	8746 SUNSET DR.	
City-St-Zip:	MIAMI, FL 33173	
Title:	D	( ) Delete
Name:	KUNDL, JOANNE DR	
Address:	377 NO KROME AVE	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	T	( ) Delete
Name:	HEIKEN, ROSALYN	
Address:	7400 SW 131 STREET	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MORRIS PD 01/07/2004

Electronic Signature of Signing Officer or Director — Date