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Secretary of State

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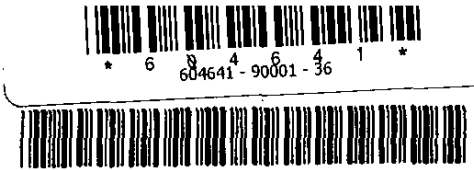
NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44223

1. Corporation Name
SHIRLEY PERLMAN FOUNDATION, INC.

Principal Place of Business 1000 ISLAND BLVD #3104 NORTH MIAMI BEACH FL 33160	Mailing Address 1000 ISLAND BLVD #3104 NORTH MIAMI BEACH FL 33160
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Change of address



2. Principal Place of Business 21	2a. Mailing Address 26 <i>1000 Island Blvd #806</i>	3. Date Incorporated or Qualified 07/09/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>Apt 806</i>	4. FEI Number 65-0267109
City & State 23	City & State 28 <i>Aventura FL</i>	5. Certificate of Status Desired 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29 <i>33160</i> 30 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SEMET, LICKSTEIN, MORGENSTERN, ET AL
 100 S.E. 2ND STREET
 17 FLOOR
 MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name *Howard Gordon*
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 *100 S.E. 2nd St. 17th Floor*
 84 City *Miami* 85 Zip Code *33131*

11. Pursuant to the provisions of Sections 617.0502 and 617.0509, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, HOWARD W. 100 S.W. 2ND ST, 17TH FLOOR MIAMI FL 33131	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, SHIRLEY # 1000 ISLAND BLVD. #306 WILLIAMS ISLAND FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRANOFF, LORETTA 999 N.E. 2ND ST. MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORDON, HOWARD W. 201 ALHAMBRA CIR. CORAL GABLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Shirley Perlman* 308 July 99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)