## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

THE HELLIWELL FAMILY FUND, INC.

## **FILED** Feb 06 1998 8:00am Secretary of State

21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   G. Election Campaign Financing   \$\$	vear Intangible s \sum No
700 BRICKELL AVE.   MIAMI FL 33131   M	Not Applicable 3.75 Additional Fee Required 5.00 May Be dded to Fees ociation? or year Intangible s No
MIAMI FL 33131  MIAMI FL 33131  4. FEI Number 65-0423668  2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired   \$6 Suite, Apt. #, etc.   \$5 Suite, Apt. #, etc.   \$6 Suite, Apt. #, etc.   \$6 Suite, Apt. #, etc.   \$6 Suite, Apt. #, etc.   \$7 Its this nonprofit corporation a homeowners ass   \$7 Its this nonprofit corporation and homeowners ass   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation owes or has paid the current   \$7 Its this nonprofit corporation   \$7 Its this nonprofit corporation   \$7 Its this nonprofit corporation   \$	Not Applicable 3.75 Additional Fee Required 5.00 May Be dded to Fees ociation? or year Intangible s No
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  AREMAN, SENTERFITT & EIDSON P.A.  ONE SOUTHEAST THIRD AVE., 28TH FLOOR MIAMI FL  SCHUTTE, CHARLES A.  AKERMAN, SENTERFITT & EIDSON P.A.  ONE SOUTHEAST THIRD AVE., 28TH FLOOR MIAMI FL  Signature, typed or prince 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 appointry agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or princed name of registered agent and title it applicable.  Note Tagistered Agent signature required when relivisating)  DATE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  DATE  Suite, Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution  A.  6. Election Campaign Financing Trust Fund Contribution  A.  7. Is this nonprofit corporation were of experience as part and experience agent and the current type and property Tax due June 30.  Yes  None Southeast Fund Contribution  A.  City  8. This corporation owes or has paid the current type and personal Property Tax due June 30.  Yes  None Southeast Fund Contribution  A.  Signature, Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution  A.  City  8. This corporation owes or has paid the current type agent and sufficience agent and the current type agent agent agent and the current type agent	Fee Required  5.00 May Be dded to Fees ociation? containing to the seed to see
Trust Fund Contribution A  City & State  City & State  7. Is this nonprofit corporation a homeowners ass  28  Zip  Country  Zip  Country  Zip  Country  8. This corporation owes or has paid the current y Personal Property Tax due June 30. Ye  9. Name and Address of Current Registered Agent  81  Name  SCHUTTE, CHARLES A.  AKERMAN, SENTERFITT & EIDSON P.A.  ONE SOUTHEAST THIRD AVE., 28TH FLOOR  MIAMI 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 char 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 appointm agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title II applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRE	dded to Fees ociation? ovear Intangible s
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Zip Country Zip Country 25 29 30 8. This corporation owes or has paid the current y Personal Property Tax due June 30. Ye  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name  SCHUTTE, CHARLES A.  AKERMAN, SENTERFITT & EIDSON P.A.  ONE SOUTHEAST THIRD AVE., 28TH FLOOR  MIAM! FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 MIAM! FL  84 City  FL  85  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 char 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 appointm agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title it applicable.  NOTE: Registered Agent signature required when relicating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	year Intangible s
24 25 29 30 Personal Property Tax due June 30. Ye  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  SCHUTTE, CHARLES A.  AKERMAN, SENTERFITT & EIDSON P.A.  ONE SOUTHEAST THIRD AVE., 28TH FLOOR  MIAMI FL  82 Street Address (P.O. Box Number is Not Acceptable)  83 Water Address (P.O. Box Number is Not Acceptable)  84 City  FL  85  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 char 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 appointm agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title it applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	s 🔲 No
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CITY-ST-ZIP  6.4 CITY-ST-ZIP  14- I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the section 119.07(3)(ii), Florida Statutes. I further certify the section 119.07(3)(iii) and its content of the section 119.07(3)(iiii).	hange Addition