# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46949** **(6)**

1. Corporation Name

**THE AMERICA CHARITABLE FUND, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9960 CENTRAL PK BLVD<br>STE 300<br>BOCA RATON FL 33428<br>US | 9960 CENTRAL PK BLVD<br>STE 300<br>BOCA RATON FL 33428<br>US |

3. Date Incorporated or Qualified: 01/21/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / 29:
Country — 25 / 30:

4. FEI Number: 65-0305847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S BISCAYNE BLVD SUITE 1600
MIAMI FL 33131

**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 Cynthia R Wattkin — Cynthia R. Watkin (NOTE: Registered Agent's signature required when reinstating) — DATE 2/28/96
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | T | ☐ DELETE | 1.1 TITLE | NICHOLAS BIMONTE (TRUSTEE) | ☐ Change ☒ Addition |
| NAME | TIDIKS, FRANK | | 1.2 NAME | | |
| STREET ADDRESS | ~~2701 ROCKY POINT DR STE 700~~ SUITE 1000 | | 1.3 STREET ADDRESS | 2255 GLADES ROAD | |
| CITY-ST-ZIP | TAMPA FL W. PALM BEACH, FLORIDA 33401 | | 1.4 CITY-ST-ZIP | BOCA RATON, FLORIDA 33487 | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | TRUSTEE. | ☐ Change ☒ Addition |
| NAME | TROXELL, BEN | | 2.2 NAME | GREG RITTON, ESQ. | |
| STREET ADDRESS | 150 E PALMETTO PK RD | | 2.3 STREET ADDRESS | 7000 W. PALMETTO PARK RD. | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | BOCA RATON, FLORIDA 33433 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | TRUSTEE | ☐ Change ☒ Addition |
| NAME | PINEYRO, ROBERT | | 3.2 NAME | STEANED Bloom, MD | |
| STREET ADDRESS | 9960 CENTRAL PARK BLVD SOUTH #300 | | 3.3 STREET ADDRESS | 1917 PALMERIDGE CIRCLE SOUTH | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4 CITY-ST-ZIP | BOCA RATON, FLORIDA 33486 | |
| TITLE | OD | ☐ DELETE | 4.1 TITLE | TRUSTEE | ☐ Change ☒ Addition |
| NAME | SCHUMAN, DANIEL, MD | | 4.2 NAME | BERND HASGRUECK | |
| STREET ADDRESS | 9960 CENTRAL PARK BLVD SOUTH ~~#300~~ 303 | | 4.3 STREET ADDRESS | 5500 BOCA SOUND BLVD., BUILDING 3, | |
| CITY-ST-ZIP | BOCA RATON FL | | 4.4 CITY-ST-ZIP | BOCA RATON, FLORIDA 33487 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | TRUSTEE | ☒ Change ☐ Addition |
| NAME | BIENER, ROSLYN | | 5.2 NAME | FRANK TIDIKS | |
| STREET ADDRESS | 9960 CENTRAL PARK BLVD SOUT #300 | | 5.3 STREET ADDRESS | 777 SOUTH FLAGLER DRIVE, SUITE 1000E | |
| CITY-ST-ZIP | BOCA RATON FL | | 5.4 CITY-ST-ZIP | WEST PALM BEACH, FLORIDA 33401 | |
| TITLE | T | ☐ DELETE ☒ ADDITION | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRAD HASGRUECK | | 6.2 NAME | | |
| STREET ADDRESS | 5500 BOCA SOUND BLVD, BUILDING 3 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FLORIDA 33487 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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

**SIGNATURE:** David M. Schuman, MD / DAVID M. SCHUMAN, MD — 2/28/96 — 407-487-6564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #