FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000002736

1. Corporation Name

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

MEQUON WI

6.1 TITLE

6.2 NAME

DELETE

FILED Feb 21, 1999 8:00 am **Secretary of State** 02-21-1999 90034 009 ****70.00

ATAXIA TELANGIECTASIA CHILDREN'S PROJECT, INC.							899U1 - 9UU34 - 3							
							• •				•	11	U	
Principal Plac	e of Business	Mailing Address				+	r r		•		÷			
•	NO GARDENS BLVD.	398 W. CAMINO GARDENS BLVD. SUITE 104 BOCA RATON FL 33432 US												
2. Principal P	Place of Business	2a. Mailing Address			3.	Date Incorpor		alifed			<u>.</u>			
1 1 W CAMINO REAL		26 1 W CAMINO REAL				06/15/1993	3			 -				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4.	FEI Number					_+	lied For	-	
2 SUITE# 212		27 SUITE# 212				65-042721	<u> </u>			60	'	Applicable	-	
City & State BOCA RATON		City & State 28 BOCA RATON			5. Certificate of Status Desired \$8.75 Additional Fee Required									
Zip Country 433432-5966 25 U.S.A.		Zip Country 29 33432-596630 U.S.A.			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees									
.4	9. Name and Address of Current I		1	<u>, , , , , , , , , , , , , , , , , , , </u>		10.	Name and Ac		New Regi	stered /				
				81	Name	A D C	ue ppa	DIEV	λ					
SCHMIDT, PETER H				82			US, BRA P.O. Box Numb			<u> </u>				-
400 S. DIXIE HIGHWAY			ĺ	-			5 CARTA							
SUITE 42			Ī	83										
BOCA RATON FL 33432			-	84	City						85	Zip C	ode	-
			}	-		OCA	RATON	•	•	FL	155	334		
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0502 registered egent, or both, in the State of am familiar with and accept the obligation	Florida, Such change was aut ins of, Section 617.0503, Florid	horized la Statu	by I ites.	the corporati	ion's b	oard of director	tatement to s. I hereby	accept the	e appoin	tment	as reg	egistered istered	
12.	Signature, typed of prints name of registered agent a OFFICERS AND		agistered /	Agent	t signatura require		ADDITIONS/CH	IANGES T			D DIR	ECTO	RS IN 12	
TITLE	D	DELETE	1.1 1111	 LF			7.00		-		□Ch		Addition	٠
NAME	DONOGHUE, MICHAEL		1.2 NA								_	•	- ,	
STREET ADORESS	765 HOLLOW TREE RIDGE ROAL	1		STREET ADDRESS			,							
	DARIEN CT 06820	,	1							- "				
C(TY-ST-Z)P	D DANIEN CT 00020	☐ DELETE		4 CITY-ST-ZIP							Ch	ange	Addition	
NAME	HIEBNER, JEFFREY D		2.2 NAME		1			,				-	_	
STREET ADDRESS				3 STREET ADDRESS										
	MIDDLETOWN RI 02840			4 CITY-ST-ZIP										
CITY-ST-ZIP TITLE	O Del ETE		_	3.1 TITLE							Ch	ange	Addition	
NAME	D Margus, Albert F Jr	 ===	3.2 NA		1						_	-		
STREET ADDRESS	621 SOUTHWEST MAYPOP COU	DΤ	1		ADDRESS									
City-St-zip				3.4. CITY-ST-ZIP										
TITLE	D	☐ DELETE	4.1 TIT					, -			□ Ch	ange	Addition	
NAME	MIDDLEBROOK, ROB		4. 2 NA								_			
STREET ADDRESS	2101 RAINTREE DR		1		ADDRESS [
CITY-ST-ZIP	IRVING TX		4.4 CIT		1					•				
TITLE	D D	☐ DELETE	5.1 1111								Ch	ange	Addition	٠
NAME	JEHLIK, GREG		5.2 NA								_	-	_	
STREET ADDRESS	3616 W TURNBERRY DR		ł		ADDRESS									
CITY-ST-ZIP	MEQUON WI		5.4 CIT		1			٠,						

6.3 STREET ADDRESS

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE RESUIRED

JANUARY 11, 1999 561 395-2621

MARGUS, BRADLEY A.

XXAddition