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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

DOCUMENT # N93000003832

1. Corporation Name

H.F.W.B. CHARITY GROUP, INC.

Principal Place of Business	Mailing Address
~~7433 N.E. 6TH TERRACE~~ ~~BOCA RATON FL 33487~~ US	~~7433 N.E. 6TH TERRACE~~ ~~BOCA RATON FL 33487~~ US

2. Principal Place of Business 21 305 S. ANDREWS AVE	2a. Mailing Address 26 305 S. ANDREWS AVE
Suite, Apt. #, etc. 22 SUITE 801	Suite, Apt. #, etc. 27 SUITE 801
City & State 23 FT LAUDERDALE, FL	City & State 28 FT. LAUDERDALE FL
Zip / Country 24 33301 25	Zip / Country 29 33301 30

3. Date Incorporated or Qualified: 08/08/1993

4. FEI Number: 65-0440265 ☐ 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

9. Name and Address of Current Registered Agent

VOGEL, THOMAS A
~~334 NE 3RD COURT~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 305 S. ANDREWS AVENUE

83 SUITE 801

84 City: FT LAUDERDALE FL 85 Zip Code: 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VOGEL, THOMAS A		1.2 NAME		
STREET ADDRESS	~~7433 NE 6TH TERRACE~~		1.3 STREET ADDRESS	305 S. ANDREWS AVE	
CITY-ST-ZIP	~~BOCA RATON FL~~		1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	BEHM, JENNIFER		2.2 NAME	Range, Pat	
STREET ADDRESS	810 SW 2ND ST.		2.3 STREET ADDRESS	305 S. Andrews Ave suite 801	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GOODCHILD, BRAD		3.2 NAME		
STREET ADDRESS	~~227 N.E. 7TH STREET~~		3.3 STREET ADDRESS	2887 Riverland Rd	
CITY-ST-ZIP	~~BOCA RATON FL~~		3.4 CITY-ST-ZIP	Ft Lauderdale FL 33312	
TITLE	TD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	REILLY, KELLY		4.2 NAME	KELLY REILLY VOGEL	
STREET ADDRESS	~~943 SW 3RD ST.~~		4.3 STREET ADDRESS	305 S. ANDREWS AVE	
CITY-ST-ZIP	~~BOCA RATON FL~~		4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	Heeg, Warren		5.2 NAME	Heeg, Warren	
STREET ADDRESS	2170 NE 5th Ave		5.3 STREET ADDRESS	2170 NE 5th Ave	
CITY-ST-ZIP	Boca Raton FL 33431		5.4 CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4/10/99 (954) 467-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone