## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

N MIAMI BEACH FL 33140

2128 N BAY ROAD

N93000004246 (5)

Mailing Address

2128 N BAY ROAD

N MIAMI BEACH FL 33140-4552

THE ELLIOT ALBERT KAYTON MEMORIAL FOUNDATION, IN C.

3. Date incorporated or Qualified 3a. Date of Last Report 09/20/1993 02/22/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0437862 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Mal No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAYTON, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 2128 N BAY ROAD 83 N MIAMI BEACH FL 33140 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1 1 TITLE NAME KAYTON, MARK 1.2 NAME 9821 KATY FREEWAY STE 110 STREET ADDRESS 13 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KAYTON, MATTHEW NAME 2.2 NAME STREET ADDRESS 2128 N BAY RD 2.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME KAYTON, SANDRA 3.2 NAME 2128 N BAY RD 3.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE **VD** 4.1 TITLE KAYTON, DAVID NAME 4.2 NAME 2128 N BAY RD 4.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE STD NAME KAYTON, PAMELA 5.2 NAME 2128 N BAY RD STREET ADDRESS 5.3 STREET ADDRESS MIAM! BEACH FL 33140 5.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I do 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 if 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Jan 16 1997 8:00am

Secretary of State