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

POCUMENT #

CITY-ST-ZIP

N93000004246 (5)

THE ELLIOT ALBERT KAYTON MEMORIAL FOUNDATION, IN

FILED Jan 15 1998 8:00am Secretary of State

C.								
Pr	rincipal Place of Business	Mailing Address						
2128 N BAY ROAD N MIAMI BEACH FL 33140 US		2128 N BAY ROAD N MIAMI BEACH FL 33140 US				3. Date Incorporated or Qualified 09/20/1993 4. FEI Number Applied For 65-0437862 Not Applieable		
2. 21	Principal Place of Business	2a. Mailing Address 28				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	Suite, Apt. #, etc.	27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	City & State	City & State			7. Is this nonprofit corporation a homeowners association? Yes No			
24	Zip Country 25	Z ip 29	30	untry	<u>.</u>		Yes No	
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					
	KAYTON, DAVID 2128 N BAY ROAD			81 82				
	N MIAMI BEACH FL 33140							
				84	City	FL	85 Zip Code	
11	 Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the St agent. I am familiar with, and accept the ob 	ale of Fiorida. Such chai	noe was authorize	a by	the corpora	poration submits this statement for the purpose of cition's board of directors. I hereby accept the appoint	hanging its registered htment as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ■ Addition KAYTON, MARK NAME 1.2 NAME 9821 KATY FREEWAY STE 110 STREET ADDRESS 1.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ۷Ď 2.1 TITLE Change ☐ Addition KAYTON, MATTHEW NAME 2.2 NAME 2128 N BAY RD STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition KAYTON, SANDRA NAME 3.2 NAME 2128 N BAY RD STREET ADORESS 3.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TIT) F 4.1 TITLE Change Addition NAME KAYTON, DAVID 4. 2 NAME STREET ADDRESS 2128 N BAY RD 4.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE STD 5.1 TITLE ☐ Change ■ Addition NAME KAYTON, PAMELA 5.2 NAME 2128 N BAY RD STREET ADDRESS 5.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE TITLE 6.1 TITLE ☐ Change · ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - ST-ZIP 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