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 # N9300004246

THE ELLIOT ALBERT KAYTON MEMORIAL FOUNDATION, IN

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90048 020 ****61.25

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Principal Place of Business Mailing Address							,	
2128 N BAY ROAD 2128 N BAY ROAD					HERRE HE		1(1 1)	
N MIAMI BEAC		N MIAMI BEACH FL 33140						
US	a product some many a con-	US						
							•	•
Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed			1
— ·	26			09/20/1993				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number Applied F		plied For	
22		27			65-0437862	No	t Applicable] #3 5
City & Stat	e	City & State			5. Certificate of Status Desired	\$8.75	Additional	1
23	· · · · · · · · · · · · · · · · · · ·	28			5. Certicate of Status Desired	Fee Re	quired]
Zip	Country	Zip	Cour	ntry	6. Election Campaign Financing	\$5.00	May Be	
24	25	29 3	0		Trust Fund Contribution	Added	to Fees	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent		ł
		• *	İ	81 Name				
KAYTON,	DAVID		ŀ	82 Street Addr	ress (P.O. Box Number is Not Acceptable)		:	١.
2128 N BAY ROAD							<u></u>	
	BEACH FL 33140			83				
11 7110 0111, 0			ŀ	84 City		. 85 Zip	Code	1
					· · · · · · · · · · · · · · · · · · ·	L <u></u>]
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	the at	ove-named com	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered	ļ
office of r	egistered agent, or both, in the State on familian with, and accept the obligat	tions of, Section 617.0503, Florid	da Statu	ites.	on a board of directors. I have by a couple and app	到一种的"CRE"		
SIGNATURE	/W/600 NASI	0 KAV+a				<u> </u>	<i>-49</i> (⋅	1 _
SIGNATURE	Signature typed or print d same of registered agen			Agent signature require		AND DIDECTO	DC IN 12	8
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	11/98
TITLE	PD	☐ DELETE	1.1 TIT			∵ Cusushe	("] vácuson	1.
NAME	KAYTON, MARK		1.2 NA		e e e e e e e e e e e e e e e e e e e			F037
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CITY-ST-ZIP	HOUSTON TX		1	Y-ST-ZIP		Change	☐ Addition	٦ ۾
TITLE	VD	☐ DELETE	2.1 TIT	- 1	•			
NAME	KAYTON, MATTHEW		2.2 NA					
STREET ADDRESS	2128 N BAY RD		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	The state of the s		_	TY-ST-ZIP		Change	Addition	┨
TITLE	VD	☐ DELETE	3.1 TIT			Citalige	Addition	
NAME	:KAYTON, SANDRA		3.2 NA	ME				
STREET ADDRESS	2128 N BAY RD		3.3 ST	REET ADDRESS	•	•	•	1
CITY-ST-ZIP	MIAMI BEACH FL 33140		•	TY-ST-ZIP	3	Change	☐ Addition	-
TITLE	VD ⋰	☐ DELETE	4.1 717		•	☐ Change		
NAME	KAYTON, DAVID		4. 2 N	1	in the state of th	B Wasa	4\4\21	
STREET ADDRESS	- 100 (1 - 1 · · · · ·		4.3 ST	REET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140			ry-ST-ZIP		Chance	☐ Addition	-
TITLE	STD	☐ DELETE	5.1 TIT	I	•	Change	A0010011	
NAME	KAYTON, PAMELA		5.2 NA			,		1
STREET ADDRESS	-			REET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140		5.4 CIT	ry-st-zip		Change	☐ Addition	4
TITLE		☐ DELETE	1			□ ¢ilange		
NAME			6.2 NA		f			1 :
STREET ADDRESS			I.	REET ADORESS	•		_	1
CITY-ST-ZIP	≥ N		6.4 CI	TY-ST-ZIP			•	

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 any attachment with an address, with all other like empowered.

SIGNATURE: