2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other li

SIGNATURE:

Feb 12, 2004 8:00 am Secretary of State DOCUMENT # N94000002465 02-12-2004 90031 005 ****61.25 CHARLES S. AND SYLVIA WILLNER FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 19500 TURNBERRY WAY 19500 TURNBERRY WAY APT. #11A APT. #11A MIAMI, FL 33180-2536 MIAMI, FL 33180-2536 2. Principal Place of Business 3. Mailing Address 19333 W. COUNTRY CLUB DR. 19333 W. COUNTRY CLUB DA. Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chq-NP CR2E037 (10/03) 4. FEI Number 65-0530785 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL FISHER FISHER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6908 SW 148TH LANE **DAVIE, FL 33331** 13154 SPRING LAKE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State П Due by May 1, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTM TITLE ☐ Delete TITLE ☐ Addition WILLNER, SYLVIA NAME 19333 W. CONTAY CLUB DA . # 1203 AVENTURA, FL 33180 STREET ADDRESS 19500 TURNBERRY WAY., #11A STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete WILLNER, MORRIS NAME NAME 19373 W. COUNTRY CLUB DR. # 1203 STREET ADDRESS 19500 TURNBERRY WAY., #11A STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP AVENTURA, FL 33180 Addition TITLE ☐ Delete TITLE WILLNER: GEORGE NAME NAME 19333 W. CONTR. CEUS DR. # 1203 AVENTURA, FL 33180 19500 TURNBERRY WAY., #11A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

FILED