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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005329 (7)**

1. Corporation Name

SFC CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
%DOUGLAS KNISKERN, ESQUIRE 1946 TYLER ST HOLLYWOOD FL 33022-2088	%DOUGLAS KNISKERN, ESQUIRE 1946 TYLER ST HOLLYWOOD FL 33020-4517

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29 33022-2088	30

4. FEI Number: 65-0565248 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNISKERN, DOUGLAS
ATKINSON, DINER, STONE, BLACK ET AL
1946 TYLER ST
HOLLYWOOD FL 33022-2088

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ 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	DT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RENNERT, IRWIN L		1.2 NAME		
STREET ADDRESS	1800 CENTURY PARK E, SUITE 900		1.3 STREET ADDRESS	1880 CENTURY PARK EAST, SUITE 900	
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	LOS ANGELES, CA 90067	
TITLE	DS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KATZ, JOEL A		2.2 NAME		
STREET ADDRESS	3423 PIEDMONT ROAD NE, SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE	DP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KAUFMAN, HOWARD		3.2 NAME		
STREET ADDRESS	8900 WILSHIRE BLVD, SUITE 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS CA		3.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90211	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (9/96)

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 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 added in an attachment with an address.

SIGNATURE: Irwin L. Rennert FILED 1/10/97 (310)553-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023534

IRWIN L. RENNERT