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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33022-2088

3. Date Incorporated or Qualified: 10/26/1994

4. FEI Number: 65-0565248 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o JUDITH RANGER	26 c/o DOUGLAS KNISKERN
Suite, Apt. #, etc. 22 415 SW 27 STREET	Suite, Apt. #, etc. 27 STE 2800, 100 SE 2ND ST
City & State 23 GAINESVILLE, FL	City & State 28 MIAMI, FL
Zip / Country 24 32607 / 25 ALACHUA	Zip / Country 29 33131 / 30 DADE

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNISKERN, DOUGLAS ATKINSON, DINER, STONE, BLACK ET AL 1946 TYLER ST HOLLYWOOD FL 33022-2088	81 Name DOUGLAS KNISKERN 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2800 83 100 SE 2ND STREET 84 City MIAMI FL 85 Zip Code 33131

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 _____ 2/2/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	1880 CENTURY PARK EAST SUITE 900		1.3 STREET ADDRESS	1880 CENTURY PARK EAST SUITE 1600	
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP		
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		
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		
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 (10/97)

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

SIGNATURE: _____ 2/9/98 (310)553-1707