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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

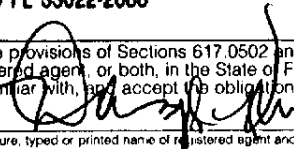
2. Principal Place of Business	2a. Mailing Address
21. % JUDITH RANGER Suite, Apt. #, etc. 415 SW 27 STREET City & State 23. GAINESVILLE, FL Zip 24. 32607 Country 25. ALACHUA	26. % DOUGLAS KNISKERN Suite, Apt. #, etc. STR 2800, 100 SE 2 ND ST City & State 28. MIAMI, FL Zip 29. 33131 Country 30. DADE

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

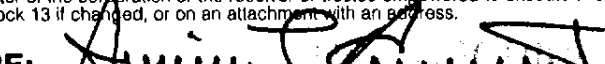
10. Name and Address of New Registered Agent
81. Name DOUGLAS KNISKERN 82. Street Address (P.O. Box Number is Not Acceptable) SUITE 2800 83. 100 SE 2 ND STREET 84. City MIAMI FL 85. Zip Code 33131

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  DATE 2/2/98

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	

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  DATE 2/9/98 (310) 553-1707

CP2E037 (1097)