


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000006255 1. Entity Name FRANK FAMILY FOUNDATION, INC.	
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Principal Place of Business 15832 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446	Mailing Address 15832 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0549058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SAPIRO, MARVIN 15832 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446	<b>DO NOT WRITE IN THIS SPACE</b>
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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 agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000034789 02/05/04-80099-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SAPIRO, MARVIN 15832 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SAPIRO, GLORIA 15832 DOUBLE EAGLE TRAIL DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SAPIRO, BRUCE A 3104 E. CAPICORN WAY CHANDLER, AZ 85249
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COLUCCI, ROBYN L 21084 VIA EDEN BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Gloria F Sapiro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-1-04 5614982737 <small>Date Daytime Phone #</small>
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