FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 96 MAY -1 PM 2: 54 DIVISION OF CORPORATIONS N9500000564 SECRETARY OF STATE TALLAHASSEE, FLORIDA NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDATION, INC. Principal Place of Business Mailing Address 4200 BISCAYNE BLVD. 4200 BISCAYNE BLUD. MIAMI, FL 33137 MIAMI, FE 33137 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0559960 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEPHEN E. RUSE 82 Street Address (P.O. Box Number is Not Acceptable) 4200 BISCAYNE BLUD. 83 MIAMI, FZ 33/37 84 City 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 familiary mand accept the obligators of Section 517 0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. **OMFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PID DELETE 1.1 TITLE NAME NANCY GANZ 2800 ISLAND BLVP, 1705 JOSEPH SMITH 1.2 NAME 201 S. BESCAYNE BLVD STREET ADDRESS 1.3 STREET ADDRESS *93160* CITY-ST-ZIP N. MIAMI, BENCH, FI 1.4 CITY+ST-ZIP MIAMI, FL 33131 TITLE vp/d 2.1 TITLE Change ☐ Addition NAME CHARLES GANZ 2875 NE 191 ST, PHI NIMIAMI BEACH, FL 33180 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY - ST - ZIP TITLE 3.1 TITLE Change Addition JEFFREY BERCOW NAME 3.2 NAME 200 S. BISCAYNE BLVD-13300 STREET ADDRESS 3.3 STREET ADDRESS M/AMI, FL 33131 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 4 1 TITLE Change Addition NAME IACOB SOLOMON 4.2 NAME 4200 BISCAYNE BLUD. STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ROBERT GILBERT, NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 11AMI, FC 33/31 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE Change Addition NAME STEVE HABIB 6.2 NAME 5. BAYSHORE DR., 1450 STREET ADDRESS **6.8 STREET ADDRESS** 95 137 -031 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 occiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name I am an officer or director of appears in Block 12 or Block

DEFICED OF DIRECTOR