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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000000564 (3)

1. Corporation Name

NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDATION, INC.

Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD
MIAMI FL 33137

4200 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI FL 33137

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

65-0559960

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GANZ, NANCY
STREET ADDRESS 2800 ISLAND AVE., APT. 1705
CITY-ST-ZIP AVENTURA FL 33160

TITLE VPD ☐ DELETE

NAME GANZ, CHARLES
STREET ADDRESS 2875 N.E. 19 STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE VPSD ☐ DELETE

NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

TITLE VPTD ☐ DELETE

NAME GILBERT, ROBERT
STREET ADDRESS 133 SEVILLA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME HABIB, STEVEN
STREET ADDRESS 2601 S. BAYSHORE DRIVE, #1450
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME BERCOV, JEFFREY
STREET ADDRESS 200 S. BISCAYNE BLVD. #3300
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME JOSEPH SMITH
1.3 STREET ADDRESS 201 S. BISCAYNE BLVD, #1400
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME BERCOV, JEFFREY
6.3 STREET ADDRESS 200 S. BISCAYNE BLVD
6.4 CITY-ST-ZIP MIAMI, FL 33131

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:

Stephen E. Rose

4/7/98

305-576-4000

CR2E037 (10/97)