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**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500000564

1. Corporation Name

NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDAT ION, INC. 52-0631-00-3

Principal Place of Business

4200 BISCAYNE BLVD **MIAMI FL 33137** 

Mailing Address

4200 BISCAYNE BLVD MIAMI FL 33137

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90027 040 \*\*\*\*70.00



Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Apt. #, etc.  City & State  Zip  Country  Zip  Country  Apt. #, etc.  Suite, Apt. #, etc.  City & State  Zip  Country  Zip  Country  Sign  Country  Apt. #, etc.  Suite, Apt. #, etc.  4. FEI Number  Fee Re  Street of Status Desired  Fee Re  Street of Status Desired  Fee Re  Street in Countribution  Added to the status Desired  Street in Countribution  Added to the status Desired  Street in Countribution  Added to the status Desired  Street in Countribution  Apt. #, etc.  Street in Countribution  Apt. # Apt. #, etc.  Street in Countribution  Apt. # Ap	ace of Business Za. Mailing Address				01/18/1995			
City & State  S. Certificate of Status Desired  S. S. 75	Suite Ant # etc.	26 Art # str					_ Apr	lied For
City & State 23	Server Children Trans		·	•			·	Applicable
Zip   Country   Zip   Country   Zip   Country   St. Election Campaign Financing   \$5.00   Added to   Trust Fund Contribution   Added to   St. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Street Address of New Registered Agent   St. Name   St. Name   St. Street Address of New Registered Agent   St. Name   St. Name   St. Street Address of New Registered Agent   St. Name   St. N	City & State	State	_ <del></del>		5. Certificate of Status Desired	×	\$8.75 A	
### PATECONS AND PROPERTY OF THE PROPERTY OF T	7		Country					<del></del>
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL 33137  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 office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. I hereby accept the appointment agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. I hereby accept the appointment agent femiliar with, and accept the obligations of, Section 617.0503, Florida Statutes, and the statement for the purpose of changing its office or registered agent agents regarded when recitating)  SIGNATURE  TILL  PD  GRAZ, NANCY  STREET ADDRESS 2800 ISLAND AVE., APT. 1705  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  14. TILLE  PD  NAME  GRAZ, NANCY  STREET ADDRESS 2800 ISLAND AVE., APT. 1705  15. STREET ADDRESS 2800 ISLAND	·	— · —	<del></del>		1			
ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL 33137  11. Pursuant to the provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charging its office or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation submits this statement for the purpose of charge pagent, and the purpose of charge pagent in a province of registered agent, or both, in the State of Florida. Such charge pagent in a province of the sport of	<del></del>		30			Registered A		
ROSE, STEPHEN E 4200 BISCAYNE BLVD. MIAMI FL 33137  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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its orgent. I am familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes.  SIGNATURE  TO FFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  PD  GANZ, NANCY  STREET ADDRESS  CITY-ST-2P  AVENTURA FL 33160  DELETE  1.1TILE  VPD  DELETE  2.1 TITLE  QANZ, CHARLES  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  VPSD  DELETE  3.1 STREET ADDRESS  CITY-ST-2P  TITLE  VPSD  DELETE  3.1 TITLE  Change  Ch	ned Agent	5. Name and Address of Current Regis	81	Name	io. Mailo allo receivos d			
4200 BISCAYNE BLVD.  MIAMI FL 33137  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 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 exponitment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. SUBMITTED TO DELETE TO THE TOP								
MAMI FL 33137    33	- ·			82 Street Address (P.O. Box Number is Not Acceptable)				
## City   FL   85   Zip    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 office or registered agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and tamilier with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. AVENTURA FL 33160   Change   CHANGE SAND AVE., APT. 1705   STREET ADDRESS  CITYST-2P   AVENTURA FL 33160   Change   CHYST-2P   Change   CHYS		and the second s	83			-		
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 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 expointment as registered agent, and capt the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if expiciable.  PD		FL 3313/						
office or registered agent, or both, in the State of Florida. Such change was untilhorated by the corporation's board of cliedcules. Thereby accept the appointment are agent affectives.  SIGNATURE    12.			84	City	<del></del>	FI	85 Zip C	Code
office or registered agent, or both, in the State of Florida. Such change was untilhorated by the corporation's board of cliedcules. Thereby accept the appointment are agent affectives.  SIGNATURE    12.	7 4500 Ft 33- 04-4-1-0 the o	0.7000			sation culturity this statement for the	nurnose of	changing its	registered
SIGNATURE Signature, typed of printed name of ingistered spent and title of exposable. (NOTE: Registered Agent aignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD  NAME GANZ, NANCY STREET ADDRESS 2800 ISLAND AVE., APT. 1705 13. STREET ADDRESS CITY-ST-ZPP AVENTURA FL 33160 14. CITY-ST-ZPP  NAME GANZ, CHARLES 22. STREET ADDRESS 27. N.E. 19. STREET 28. STREET ADDRESS 27. N.E. 19. STREET 29. STREET ADDRESS 27. STRE	. Such change was authorized	a or registered agent, or both, in the State of Floriu	iutnorized by i	the corporation	n's board of directors. I hereby acce	pt the appoin	ntment as rec	gistered
Commons   Signature, Systed or printed aname of registered agent and title if approximate   Control   Co	Section 617.0503, Florida Stat	t. I am familiar with, and accept the obligations of	orida Statutes.					
TITLE PD GANZ, NANCY 12 NAME GANZ, NANCY 12 NAME 2800 ISLAND AVE., APT. 1705 13 STREETADORESS CITY-ST-ZIP NAME GANZ, CHARLES 22 NAME 24 CITY-ST-ZIP NAME STREETADORESS CITY-ST-ZIP NAME GANZ, CHARLES 22 STREET ADDRESS CITY-ST-ZIP NAME GANZ, CHARLES CITY-ST-ZIP CHARLES CITY-ST-ZIP CHARLES CITY-ST-ZIP CHARLES CITY-ST-ZIP CHARLES CITY-ST-ZIP DELETE STITLE CORAL GABLES FL 33134 AVE. 44 CITY-ST-ZIP CHARLES CITY-ST-ZIP DELETE STITLE CARBORESS CITY-ST-ZIP DELETE STITLE CARBORESS CITY-ST-ZIP DELETE STITLE CARBORESS CITY-ST-ZIP DELETE STITLE CARBORESS CITY-ST-ZIP CHARLES	MOTE Daily	JRE	Danista - 4 A	almanhus mair	when reinstation)	DATE		
TITLE				s-Austrie tedrated			D DIRECTO	RS IN 12
NAME   GANZ, NANCY   12 NAME   13 STREET ADDRESS   2800 ISLAND AVE., APT. 1705   13 STREET ADDRESS   AVENTURA FL 33160   14 CITY-ST-ZIP								
STREET ADDRESS   CITY-ST-ZIP	_	1		1				
AVENTURA FL 33160		·		ADDRESS				
TITLE	<b>.</b>	ALIENTINON EL ANTON			•			
NAME   GANZ, CHARLES   22 NAME   23 STREET ADDRESS   2875 N.E. 19 STREET   23 STREET ADDRESS   24 CITY-51-ZIP   24 CITY-51-ZIP   25 CITY-51-ZIP   25 CITY-51-ZIP   25 CITY-51-ZIP   25 CITY-51-ZIP   26 CITY-51-ZIP   26 CITY-51-ZIP   27 CITY-51-ZIP   27 CITY-51-ZIP   28 CITY-51-ZIP   38 CITY-51-			_	-ZIP			Change	Addition
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CITY-ST-ZIP				ADDDEEC				
TITLE	The state of the s	AL ABASE PEACH EL COSCO	7-4		ي ي مع بايست		•	.,
NAME   SOLOMON, JACOB   3.2 NAME   3.3 STREET ADDRESS   4200 BISCAYNE BLVD.   3.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33137   34. CITY-ST-ZIP   TITLE     Change   Change   CITY-ST-ZIP   CORAL GABLES FL 33134   4.2 NAME   CITY-ST-ZIP   CORAL GABLES FL 33134   4.4 CITY-ST-ZIP   CORAL GABLES FL 33134   4.4 CITY-ST-ZIP   CORAL GABLES FL 33134   CITY-ST-ZIP   CORAL GABLES FL 33133   CITY-ST-ZIP   CITILE   CITY-ST-ZIP   CITILE   CITY-ST-ZIP   CITILE   CITY-ST-ZIP   CITY-ST-ZI			_	1-219			Change	Addition
STREET ADDRESS   4200 BISCAYNE BLVD.   3.3 STREET ADDRESS		1 **						<del></del>
CITY-ST-ZIP   MIAMI FL 33137   3.4. CITY-ST-ZIP     TITLE				ADDDEED		•		
TITLE		14444 F) 00407	#					
NAME STREET ADDRESS 133 SEVILLA AVE. CORAL GABLES FL 33134  TITLE D DELETE NAME HABIB, STEVEN STREET ADDRESS CITY-ST-ZIP HABIB, STEVEN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133  DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133  DELETE 6.1 TITLE D Change TITLE D Change STREET ADDRESS CITY-ST-ZIP NAME BERCOW, JEFFREY 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE CHA				1-211			Change	Addition
STREET ADDRESS   133 SEVILLA AVE.			'					
CITY-ST-ZIP				4000000				
TITLE         D         DELETE         5.1 TITLE         Change           NAME         HABIB, STEVEN         5.2 NAME         5.2 NAME           STREET ADDRESS         2601 S. BAYSHORE DRIVE, #1450         5.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33133         5.4 CITY-ST-ZIP           TITLE         D         DELETE         6.1 TITLE           NAME         BERCOW, JEFFREY         6.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         6.3 STREET ADDRESS		CODAL CADITO EL COMO	i					
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CITY-ST-ZIP MIAMI FL 33133 5.4 CITY-ST-ZIP  TITLE D DELETE 6.1 TITLE  NAME BERCOW, JEFFREY 6.2 NAME  STREET ADDRESS 6.3 STREET ADDRESS  1.4 CITY-ST-ZIP  Change  6.2 NAME  6.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.5 CAYNE BLVD. #3300				ADDDESS				
TITLE DELETE 6.1 TITLE 6.2 NAME  NAME BERCOW, JEFFREY  STREET ADDRESS  200 S. BISCAYNE BLVD. #3300  6.3 STREET ADDRESS  1.1 CONTROL TO THE		LUANU TI 00100	1			,		-
NAME BERCOW, JEFFREY 6.2 NAME STREET ADDRESS 200 S. BISCAPOR BLVD. #3300 6.3 STREET ADDRESS 6.4 NAME 6.4 NAME 6.5 NAME 6				-41			☐ Change	☐ Addition
STREET ADDRESS 200 S. BISCAYNE BLVD. #3300 63 STREET ADDRESS 201 S.H. FILOZOFICE TO STREET ADDRESS 201 S.H.	DECETE	4 -						
STREET ADDRESS 200 G. DEOVETTE DEVO. # GOOD		· ·		ADDRESS				
erry er 719   MIAMI F1 33131   64 CITY-S1-41P		MANUEL COMMA		1			•	
44 A beside actified the information cumuliad with this filling does not quetter for the exemption stated in Section 119 07(3)(ii) Florida Statutes. I further certify that the information stated in Section 119 07(3)(ii) Florida Statutes.					action 110 07/3\/ii\ Florida Statutes	I further cor	tify that the in	formation

in nereby ceruity that the information supplied with this study does not during the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I native 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 trustage empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or an attachment with an adopter, with all other like empowered.

SIGNATURE: