FILE NOW: FILING FEE IS \$61.2

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMEN OF STATE Sandra B. Morten

Secretary of S DIVISION OF CORPORTIONS

1996

DOCUMENT # N9500000797 (9)

JERI LOUISE WAXENBERG FOUNDATION, INC.										
Principal Place of Business Mailing Address) HOUSINGS BAD SEACH CASES CORES DOIS	 	MI TU HD II	
11111 BISC SUITE 306 MIAMI FL 3	Cayne Blvd. 13161	P.O. BOX 5584 KETCHUM ID 83340				•				
0 5 (2.1.1.1)							 Date Incorporated or Qualified 02/17/1995 	3a. Da	te of La:	st Report
2. Principal 21	Place of Business	2a. Mailing Address				1	4. FEI Number			Applied For
Suite, Apl	# etc	26 Suite A=A # -44					58-2169008			Not Applicable
22 City & Sta		Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
23		City & State					Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip 24	Country 25	Zip 29	30 Con	itry				🕽 Yes 🙀	x under No	
	9. Name and Address of Curre	int Registered Agent		B1			0. Name and Address of New R	egistered /	gent	
BENFORD, NORMAN J					Name		P.O. Box Number is Not Acceptab	Jol.		
1221 BRICKELL AVE. 21ST FLOOR				B2 B3		Tiochood ,	(.O. DOX HUTHOGI IS HOT ACCOPTED			
MIAMI FL 33131										
<u>, </u>				84	City			FL		ip Code
or registe	to the provisions of Sections 617.050 red agent, or both, in the State of Flo	2 and 617.1508, Florida Statut ida. Such change was authoriz	tes, the at w	e-n	amed o	corporation	submits this statement for the pur	pose of cha	nging its	registered office
tamiliar w	to the provisions of Sections 617.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	S.	n px.	Janona	S DOME OF	directors. Thereby accept the appo	ointment as i	registere	id agent. I am
SIGNATURE	Signature, typed or printed name of registered age:					required when				
12.	OFFICERS AN	ND DIRECTORS	13		- Bigi attire i	VECKNEO WISE	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12
TITLE	D MAYENDEDO HEDIA	DELETE	1.1 [].	ŧ		0			Change	
NAME	WAXENBERG, JERI L	• •••	12 AN	Æ		JACK	WAXENBERG	_		
STREET ADDRESS	LUADO DI ADIOI			EET /	ADDRESS	100	BISCAYNE BLUD.			
CITY-ST-ZIP TITLE	D D		1.4 SITS	/- ST	- ZIP	MLM	ni FL 33140			
NAME	TURNER, CLAIRE	DELETE	. 2.11)TL				•		Change	Addition
STREET ADDRESS	P.O. BOX 5584 (N/A)		2 2 4AN							
CITY-ST-ZIP	KETCHUM ID 83340				ADDRESS					
TITLE	D	⊠ DELETE	2. 4C/T		T-ZIP	- 			7 Channa	FD Addition
NAME	Bales, Jolie ann	A	3.7 MAN					L] Change	Addition
STREET ADDRESS	P.O. BOX 2184 (N/A)				ADDRESS					
CITY-ST-ZIP	KETCHUM ID 83340		3.4. CIT							
TITLE		DELETE	4.1 TITU						Change	Addition
NAME			4 2 NAM	ΛE				_	- •	
STREET ADDRESS			4.3 STRE	EET A	ADORESS					
CITY-ST-ZIP TITLE		Florence	4.4 CITY		-ZIP					
NAME		DELETE	5.1 TITL	i		1	20000174	1324	Change	☐ Addition
STREET ADDRESS			5.2 NAM	4			20000174 -03/14/96010	6900	6	
CITY-ST-ZIP					ADDRESS		***61.25			
			5.4 CITY	-51	-ZIP					

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida State cs. Life for 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 madit 0 does not qualify for the exemption stated in Section 119.07(3)(k), Florida State cs. Life for early 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 haine appears in Block 12 or Block 13 changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE:

TITLE

NAME

STREE! ADDRESS

MATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/24/96 208-726-1685

☐ Change

Addition