

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000797 (9)
1. Corporation Name

JERI LOUISE WAXENBERG FOUNDATION, INC.



Principal Place of Business

Mailing Address

11111 BISCAYNE BLVD.
SUITE 306
MIAMI FL 33161

P.O. BOX 5584
KETCHUM ID 83340-5584

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report
03/11/1996

21. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENFORD, NORMAN J
1221 BRICKELL AVE.
21ST FLOOR
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WAXENBERG, JACK
STREET ADDRESS 11111 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33140

1.1 TITLE D Change Addition
1.2 NAME WAXENBERG, JACK
1.3 STREET ADDRESS 11111 BISCAYNE BLVD.
1.4 CITY-ST-ZIP MIAMI FL 33161

TITLE D DELETE
NAME TURNER, CLAIRE
STREET ADDRESS P.O. BOX 5584 (N/A)
CITY-ST-ZIP KETCHUM ID 83340

2.1 TITLE D Change Addition
2.2 NAME TURNER, CLAIRE
2.3 STREET ADDRESS P.O. 2869 N/A
2.4 CITY-ST-ZIP SUN VALLEY, ID. 83353

TITLE D DELETE
NAME BALES, JOLIE ANN
STREET ADDRESS P.O. BOX 2184 (N/A)
CITY-ST-ZIP KETCHUM ID 83340

3.1 TITLE D Change Addition
3.2 NAME WAXENBERG, JERI
3.3 STREET ADDRESS P.O. 2869 N/A
3.4 CITY-ST-ZIP SUN VALLEY, ID. 83353

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

CR2E037 (9/96)