

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001761 (4)

1. Corporation Name

THE CHILDRENS' & SURVIVORS' FUND, INC.



Principal Place of Business

Mailing Address

C/O DR. JACK KATZ, M.D.  
2895 BISCAYNE BLVD., SUITE 420  
MIAMI FL 33137

C/O DR. JACK KATZ, M.D.  
2895 BISCAYNE BLVD., SUITE 420  
MIAMI FL 33137

3. Date Incorporated or Qualified  
04/10/1995

3a. Date of Last Report

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

25

29

30

4. FEI Number

65-0578925

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMBLE, DAVID S  
1101 BRICKELL AVE  
PENTHOUSE  
MIAMI FL 33131

81 Name

DR. JACK KATZ, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

2895 BISCAYNE BLVD., SUITE 420  
MIAMI, FL 33137

83

84 City

MIAMI BEACH

FL

85 Zip Code

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 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

*David S. Zimble*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

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

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

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

PRESIDENT  
DR. JACK KATZ  
2895 BISCAYNE BLVD., SUITE 420  
MIAMI, FL 33137

VICE PRESIDENT  
ARTHUR SHAPIRO  
2895 BISCAYNE BLVD., SUITE 420  
MIAMI, FL 33137

SECRETARY  
RHODA LIPTON  
2895 BISCAYNE BLVD., SUITE 420  
MIAMI, FL 33137

TREASURER  
WILLIAM RAPPAPORT  
2895 BISCAYNE BLVD., SUITE 420  
MIAMI, FL 33137

3000001931383  
-08/23/96--01096--022  
\*\*\*61.25

14. I do 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 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:

*Jack Katz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05 8/23/96

CR2E037 (3/96)