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May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33137-4537

3. Date Incorporated or Qualified  
04/10/1995

3a. Date of Last Report  
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 JACK KATZ, C/O MARK LEEDS

26 44 WEST FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1600 (44 West Flagler St)

27 1600

City & State

City & State

23 MIAMI, FLA

28 MIAMI, FLA

Zip

Country

Zip

Country

24 33130

25 USA

29 33130

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEEDS, MARK  
2937 SW 27 AVE #107  
COCONUT GROVE FL 33133

81 Name  
LEEDS, MARK

82 Street Address (P.O. Box Number is Not Acceptable)  
44 WEST FLAGLER ST

83 SUITE 1600

84 City  
MIAMI FLA

FL

85 Zip Code  
33130

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 *Mark Leeds* (MARK LEEDS)

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

(NOTE: Registered Agent signature required when reinstating)

04-23-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME KATZ, JACK  
STREET ADDRESS 2895 BISCAYNE BLVD SUITE 420  
CITY-ST-ZIP MIAMI FL 33137

11 TITLE  
12 NAME  
13 STREET ADDRESS 44 W. FLAGLER ST SUITE 1600  
14 CITY-ST-ZIP MIAMI, FLA 33130

TITLE VPT  
NAME SHAPIRO, ARTHUR  
STREET ADDRESS 2895 BISCAYNE BLVD SUITE 420  
CITY-ST-ZIP MIAMI FL 33137

21 TITLE  
22 NAME  
23 STREET ADDRESS 44 W Flagler St Suite 1600  
24 CITY-ST-ZIP MIAMI FL 33130

TITLE TS  
NAME LIPTON, RHODA  
STREET ADDRESS 2895 BISCAYNE BLVD SUITE 420  
CITY-ST-ZIP MIAMI FL 33137

31 TITLE  
32 NAME  
33 STREET ADDRESS 44 W. Flagler St Suite 1600  
34 CITY-ST-ZIP MIAMI FL 33130

TITLE TT  
NAME RAPPAPORT, WILLIAM  
STREET ADDRESS 2895 BISCAYNE BLVD SUITE 420  
CITY-ST-ZIP MIAMI FL 33137

41 TITLE  
42 NAME  
43 STREET ADDRESS 44 W. Flagler St Suite 1600  
44 CITY-ST-ZIP MIAMI FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE *Jack Katz* (JACK KATZ)

04-23-97 (2051522-1904)

CP2E037 (9/96)