


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003988 (1) 1. Corporation Name SIB & RAYMOND KINSLER FOUNDATION, INC.					
Principal Place of Business 177 N VILLAGE WAY JUPITER FL 33458			Mailing Address 177 N VILLAGE WAY JUPITER FL 33458		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0610693	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUBIN, CHARLES D 9100 S DADELAND BLVD SUITE 1707 MIAMI FL 33156				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDENBERG, LINDA K		1.2 NAME		
STREET ADDRESS	177 N VILLAGE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FODIMAN, TODD A		2.2 NAME		
STREET ADDRESS	2222 PONCE DE LEON BLVD 6 FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FODIMAN, DANIEL J		3.2 NAME		
STREET ADDRESS	300 E 40 ST APT 5C		3.3 STREET ADDRESS	401 E. 34th ST. APT. S-27C	
CITY-ST-ZIP	NEW YORK NY 10128		3.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FODIMAN, ROBERT K		4.2 NAME		
STREET ADDRESS	421 HUDSON ST APT 804		4.3 STREET ADDRESS	401 E. 34th ST. APT. N-15B	
CITY-ST-ZIP	NEW YORK NY 10014		4.4 CITY-ST-ZIP	NEW YORK, N.Y. 10016	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: Linda K. Goldenberg RE: LINDA K. GOLDENBERG 1/14/98 561-575-3533

CR2E037 (10/97)