


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

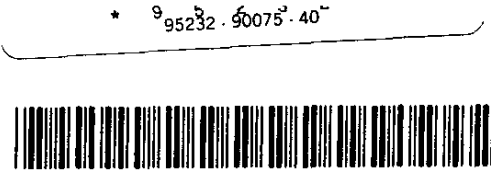
02-22-1999 90075 040 ****61.25

0068247

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000004021
 1. Corporation Name
THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION, IN C.

Principal Place of Business 222 BEACH RD., UNIT 2 SARASOTA FL 34242	Mailing Address 222 BEACH RD., UNIT 2 SARASOTA FL 34242
---	---



21 2. Principal Place of Business 340 So. PALM AVE, UNIT 55	26 2a. Mailing Address 340 So. PALM AVE	3. Date Incorporated or Qualified 08/21/1995
22 Suite, Apt. #, etc. UNIT 55	27 Suite, Apt. #, etc. UNIT 55	4. FEI Number 65-0606828
23 City & State SARASOTA, FL	28 City & State SARASOTA, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34236	25 Country USA	29 Zip 34236
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABEL, HARVEY J 222 BEACH ROAD UNIT 2 SARASOTA FL 34242		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, MARCIA K	1.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, HARVEY J	2.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, SARALYN	3.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, JONATHAN	4.2 NAME	
STREET ADDRESS	222 BEACH RD., UNIT 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZO, BETH D	5.2 NAME	BELPIZZO, BETH
STREET ADDRESS	3127 VILLAGE GREEN DR.	5.3 STREET ADDRESS	3127 VILLAGE GREEN DRIVE
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	SARASOTA, FL 34239
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, with all other like empowered.

SIGNATURE: HARVEY J. ABEL DATE: 1/7/99 DAYTIME PHONE #: (941) 362-4130

CR2E037 (1/98)