

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004093 (9)**

1. Corporation Name

THE MARCIA TISHMAN CANCER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2699 STIRLING ROAD #C-407
FT LAUDERDALE FL 33312**

**2699 STIRLING ROAD #C-407
FT LAUDERDALE FL 33312**



3. Date Incorporated or Qualified

08/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6200 STIRLING ROAD

26 6200 STIRLING ROAD

4. FEI Number

65-0625489

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 DAVIE, FL.

28 DAVIE, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33024

25 BROWARD

29 33024

30 BROWARD

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

**TISHMAN, WILLIAM
2699 STIRLING ROAD #C-407
FT LAUDERDALE FL 33312**

81 Name

TISHMAN, WILLIAM

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

18901 OAKMONT DRIVE

83

84 City

MIAMI

FL

85 Zip Code

33015

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**VD
TISHMAN, STEVEN
1160 PARK AVE
NWE YORK NY 10128**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
TISHMAN, ANDY
7553 SW 26 CT
DAVIE FL 33414**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**PD
TISHMAN, WILLIAM
7553 SW 26 CT
DAVIE FL 33414**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**S
TISHMAN, MICHAEL
7553 SW 26 CT
DAVIE FL 33414**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**T
TISHMAN, ROBERT
7553 SW 26 CT
DAVIE FL 33414**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. TISHMAN

6/13/96

Date

(954) 964-6774

Daytime Phone #

CR2E037 (3/96)