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May 01 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 # N95000004093 (9)

1. Corporation Name

THE MARCIA TISHMAN CANCER FOUNDATION, INC.

Principal Place of Business

6200 STIRLING RD.
DAVIE FL 33312
US

Mailing Address

6200 STIRLING RD.
DAVIE FL 33314-7211
US



3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 6200 STIRLING Rd.

26 6200 STIRLING Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAVIE, FL

28 DAVIE, FL

Zip

Country

Zip

Country

24 33314

25 BROWARD

29 33314

30 BROWARD

4. FEI Number
65-0625489

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

TISHMAN, WILLIAM
18901 OAKMONT DR.
MIAMI FL 33312

10. Name and Address of New Registered Agent

81 Name TISHMAN, WILLIAM

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

83 2300 DIANA DRIVE #201

84 City HALLANDALE

FL

85 Zip Code 33009

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

TITLE VD ☐ DELETE
NAME TISHMAN, STEVEN
STREET ADDRESS 1160 PARK AVE
CITY-ST-ZIP NWE YORK NY 10128

TITLE SD ☐ DELETE
NAME TISHMAN, ANDY
STREET ADDRESS 7553 SW 26 CT
CITY-ST-ZIP DAVIE FL 33414

TITLE PD ☐ DELETE
NAME TISHMAN, WILLIAM
STREET ADDRESS 7553 SW 26 CT
CITY-ST-ZIP DAVIE FL 33414

TITLE S ☐ DELETE
NAME TISHMAN, MICHAEL
STREET ADDRESS 7553 SW 26 CT
CITY-ST-ZIP DAVIE FL 33414

TITLE T ☐ DELETE
NAME TISHMAN, ROBERT
STREET ADDRESS 7553 SW 26 CT
CITY-ST-ZIP DAVIE FL 33414

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE SID ☒ Change ☐ Addition
2.2 NAME Tishman, Andy
2.3 STREET ADDRESS 581 SW 101 TERR.
2.4 CITY-ST-ZIP PLANTATION, FL 33324

3.1 TITLE PID ☒ Change ☐ Addition
3.2 NAME Tishman, William
3.3 STREET ADDRESS 2300 DIANA DR. #201
3.4 CITY-ST-ZIP HALLANDALE, FL 33009

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Tishman, Michael
4.3 STREET ADDRESS 581 SW 101 TERR.
4.4 CITY-ST-ZIP PLANTATION, FL 33324

5.1 TITLE T ☒ Change ☐ Addition
5.2 NAME Tishman, Robert
5.3 STREET ADDRESS 581 SW 101 TERR.
5.4 CITY-ST-ZIP PLANTATION, FL 33324

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (954) 964-6774

Date

Daytime Phone # 0036254

CR2E037 (9/96)