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NONPROFIT CORPORATION ANNUAL REPORT

1998

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

N95000004093 (9)

## FILED Apr 23 1998 8:00am Secretary of State

THE M	IARCIA TISHMAN CANCE	R FOUNDATION, INC.	,			A ARRIMEN BIR IRNAK ANYA BRIM BRIM RE	iae <b>ao</b> ar <b>ao</b> an	Banin andar abara	1 <b>3</b> 140 414 1301
Principal Plac	e of Business	Mailing Address							
6200 STIRLING DAVIE FL 33314 US		6200 STIRLING RD: Dayie FL 33314 US				3. Date Incorporated or Qualifie 08/25/1995	d		
00		U3			14	4. FEI Number		A	pplied For
						65-0625489		N	ot Applicable
2. Principal P	lace of Business	2a. Mailing Address 26				5. Certificate of Status Desired			Additional equired
Suite, Apt		Suite, Apt. #, etc.				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 Added 1	
City & Stat	е	City & State			7	<ol><li>Is this nonprofit corporation a</li></ol>	homeown	ers associatio	on?
<b>23</b> Zip	Country	<b>28</b> Zip		untry		8. This corporation owes or has			topoible
24	25	29	30	J. 1 y	} `	Personal Property Tax due Ju	•		No
	9. Name and Address of Cu		1301	<del></del>		0. Name and Address of New			
				81 Nam					
TISHMAI	N, WILLIAM			02 Cres	A diducas	(D.C. Day Number in Not Appen	toblo)		
	ANA DR #201			82 Stree	Address	(P.O. Box Number is Not Accep	nabie)		1
	DALE FL 33009			83					
	D/ EE ( E 00000			84 City				<b>85</b> Zip	Code
				11			F		
								<del></del>	in registered
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Florida Sta	tutes, the	bove-name	d corporat	tion submits this statement for the	e purpose	of changing i	registered
11. Pursuant office or r agent. La	to the provisions of Sections 617 registered agent, or both, in the S im familiar with, and accept the ol	.0502 and 617,1508, Florida Sta tate of Florida. Such change wi bligations of, Section 617,0503,	atutes, the das authorize Florida Sta	above-name ed by the co stutes.	d corporat rporation's	tion submits this statement for the s board of directors. I hereby ac	e purpose cept the ap	of changing i opointment as	registered
	to the provisions of Sections 617, registered agent, or both, in the S m familiar with, and accept the ol	.0502 and 617.1508, Florida State of Florida. Such change was bligations of, Section 617.0503,	atutes, the das authorize Florida Sta	above-name ed by the co stutes.	d corporat rporation's	tion submits this statement for the s board of directors. I hereby ac	e purpose cept the ap	of changing i opointment as	registered
SIGNATURE	Signatura, typod or printed name of registered	d agent and title if applicable. (I	NOTE Register	ed Agent elgnatu		hen reinstating)	DATE		
SIGNATURE	Signature, typod or printed name of registered OFFICERS	d agent and title if applicable. (I	NOTE. Register	ed Agent eignatu			DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE	Signature, typod or printed name of registered OFFICERS	d agent and title if applicable. (I	NOTE. Register	ed Agent signatu		hen reinstating)	DATE		
SIGNATURE  12. TITLE NAME	Signature, typod or printed name of registere OFFICERS  VD  TISHMAN, STEVEN	d agent and title if applicable. (I	NOTE. Register 13. 1.1	ed Agent eignatu ITLE IAME		hen reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registerer OFFICERS VD TISHMAN, STEVEN 1160 PARK AVE	d agent and title if applicable. (I	13. 1.1 1.2 1.3	ed Agent eignat. TITLE NAME STREET ADDRESS		hen reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signatura, typod or privided name of registers OFFICERS VD TISHMAN, STEVEN 1160 PARK AVE NWE YORK NY 10128	d apent and title if applicable. (I AND DIRECTORS	13. 1.1 1.2 1.3	ed Agent eignat. ITTLE NAME STREET ADDRESS CITY-ST-ZIP		hen reinstating)	DATE	DIRECTOR	RS IN 12
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4. Thereby 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:

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4/15/98

Daytime Phone #