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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90053 028 \*\*\*\*61.25

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1. Corporation Name

THE MARCIA TISHMAN CANCER FOUNDATION, INC.

Principal Place of Business

6200 STIRLING RD.  
DAVIE FL 33314  
US

Mailing Address

6200 STIRLING RD.  
DAVIE FL 33314  
US

477415-90053-28



2. Principal Place of Business

21 3101 SW 10th St.  
Suite, Apt. #, etc.

2a. Mailing Address

26 3101 SW 10th St.  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/25/1995

4. FEI Number

65-0625489

Applied For

Not Applicable

City & State

23 Pompano Beach, FL

City & State

28 Pompano Beach, FL

Zip

24 33069

Country

Zip

29 33069

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

TISHMAN, WILLIAM  
2300 DIANA DR #201  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 581 SW 101 TERR

CITY-ST-ZIP PLANTATION FL

TITLE PD ☐ DELETE

NAME TISHMAN, WILLIAM

STREET ADDRESS 2300 DIANA DR #201

CITY-ST-ZIP HALLANDALE FL

TITLE S ☐ DELETE

NAME TISHMAN, MICHAEL

STREET ADDRESS 581 SW 101 TERR

CITY-ST-ZIP PLANTATION FL

TITLE T ☐ DELETE

NAME TISHMAN, ROBERT

STREET ADDRESS 581 SW 101 TERR

CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (954) 972-9898

Date

Daytime Phone #

CR2E037 (11/98)