

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90294 015 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N95000004861**

1. Corporation Name  
**BARBARA C. ALTMAN CHARITABLE FOUNDATION, INC.**

Principal Place of Business  
 9100 SO. DADELAND BLVD. STE 1707  
 MIAMI FL 33156-7819

Mailing Address  
 9100 SO. DADELAND BLVD. STE 1707  
 MIAMI FL 33156-7819



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. 2101 Corporate Blvd.	26. 2101 Corporate Blvd.	Suite, Apt. #, etc.		10/10/1995	
22. Suite 107	27. Suite 107	City & State		4. FEI Number	
23. Boca Raton, Florida	28. Boca Raton, Florida	Zip		65-0619058	
24. 33431	29. 33431	Country		Applied For	
25. USA	30. USA	9. Name and Address of Current Registered Agent		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>	
TESCHER, DONALD R		81. Name		8.75 Additional Fee Required	
9100 SO. DADELAND BLVD. STE 1707		82. Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing <input type="checkbox"/>	
MIAMI FL 33156-7819		2101 Corporate Blvd., Suite 107		Trust Fund Contribution	
		83.		5.00 May Be Added to Fees	
		84. City			
		Boca Raton			
		85. Zip Code			
		FL			
		33431			

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZZO, LORI ANN	1.2 NAME	
STREET ADDRESS	39 HARVEY RD	1.3 STREET ADDRESS	3 Centerbrook Drive
CITY-ST-ZIP	RIDGEFIELD CT	1.4 CITY-ST-ZIP	Farmington, CN 06032
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESCHER, DONALD R	2.2 NAME	
STREET ADDRESS	9100 SO. DADELAND BLVD. STE 1707	2.3 STREET ADDRESS	2101 Corporate Blvd., Suite 107
CITY-ST-ZIP	MIAMI FL 33156-7819	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, ROBERT A	3.2 NAME	
STREET ADDRESS	9100 SO. DADELAND BLVD. STE 1707	3.3 STREET ADDRESS	2101 Corporate Blvd., Suite 107
CITY-ST-ZIP	MIAMI FL 33156-7819	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, CHARLES D.	4.2 NAME	
STREET ADDRESS	9100 SO DADELAND BLVD SUITE 1707	4.3 STREET ADDRESS	2101 Corporate Blvd., Suite 107
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: **SIGNATURE REQUIRED** 4/23/99 561-998-7847

CR2E037 (1/98)