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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005934 (3)

1. Corporation Name

MARCY MILLER LEWIS FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD.
MIAMI FL 33137

4200 BISCAYNE BLVD.
MIAMI FL 33137

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI FL 33137

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

OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

SOLOMON, JACOB

STREET ADDRESS

4200 BISCAYNE BLVD.

CITY-ST-ZIP

MIAMI FL 33137

TITLE

D

DELETE

NAME

ROSE, STEPHEN E

STREET ADDRESS

4200 BISCAYNE BLVD.

CITY-ST-ZIP

MIAMI FL 33137

TITLE

D

DELETE

NAME

CYPEN, STEPHEN H

STREET ADDRESS

825 ARTHUR GODFREY ROAD

CITY-ST-ZIP

MIAMI BEACH FL 33140

TITLE

PD

DELETE

NAME

LEWIS, MARCY M

STREET ADDRESS

11111 BISCAYNE BLVD., PH-52

CITY-ST-ZIP

NORTH MIAMI FL 33161

TITLE

VD

DELETE

NAME

MILLER, BESS

STREET ADDRESS

10021 E. BROADVIEW DRIVE

CITY-ST-ZIP

BAY HARBOR ISLANDS FL 33154

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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:

Stephen E Rose 3/14/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

576-4000

Daytime Phone #

CR2E037 (12/95)