

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 29 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 # N95000005934 (3)**

1. Corporation Name  
**MARCY MILLER LEWIS FAMILY FOUNDATION, INC.**



Principal Place of Business  
**4200 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address  
**4200 BISCAYNE BLVD.  
MIAMI FL 33137-3210**

3. Date Incorporated or Qualified **12/18/1995** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0630525</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLOMON, JACOB</b>	
STREET ADDRESS	<b>4200 BISCAYNE BLVD.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSE, STEPHEN E</b>	
STREET ADDRESS	<b>4200 BISCAYNE BLVD.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CYPEN, STEPHEN H</b>	
STREET ADDRESS	<b>825 ARTHUR GODFREY ROAD</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, MARCY M</b>	
STREET ADDRESS	<b>11111 BISCAYNE BLVD., PH-52</b>	
CITY - ST - ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, BESS</b>	
STREET ADDRESS	<b>10021 E. BROADVIEW DRIVE</b>	
CITY - ST - ZIP	<b>BAY HARBOR ISLANDS FL 33154</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

*Stephen E Rose* 3/31/97

CR2E037 (9/96)