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FILED
May 14 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 # N95000006023 (4)
 1. Corporation Name

BRAUSER FAMILY FOUNDATION, INC.



Principal Place of Business	Mailing Address
7841 ANTON VILLA COURT BOCA RATON FL 33433	7841 ANTON VILLA COURT BOCA RATON FL 33433-7402

3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0634290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 100 West Cypress Creek Road Suite, Apt. #, etc. 22 Suite 975 City & State 23 Ft. Lauderdale, FL Zip 24 33309	26 100 West Cypress Creek Road Suite, Apt. #, etc. 27 Suite 975 City & State 28 Ft. Lauderdale, FL Zip 29 33309 Country 30 U.S.A.

9. Name and Address of Current Registered Agent JOSEPHER, RICHARD A 100 W. CYPRESS CREEK RD. SUITE 900 FT. LAUDERDALE FL 33309	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE BRAUSER, LEON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUSER, LEON		1.2 NAME	
STREET ADDRESS % 100 W. CYPRESS CREEK RD. SUITE 900		1.3 STREET ADDRESS 100 W. Cypress Creek Road, Suite 975	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE BRAUSER, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUSER, ROBERT		2.2 NAME	
STREET ADDRESS % 100 W. CYPRESS CREEK RD. SUITE 900		2.3 STREET ADDRESS 100 W. Cypress Creek Road, Suite 975	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE BRAUSER, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUSER, MICHAEL		3.2 NAME	
STREET ADDRESS % 100 W. CYPRESS CREEK RD. SUITE 900		3.3 STREET ADDRESS 100 West Cypress Creek Road, Suite 975	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE BRAUSER, JOEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUSER, JOEL		4.2 NAME	
STREET ADDRESS % 100 W. CYPRESS CREEK RD. SUITE 900		4.3 STREET ADDRESS 100 W. Cypress Creek Road, Suite 975	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE _____ **14.00.01 05/11/97-9311**

CR2E037 (9/96)