


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90169 017 \*\*\*\*61.25

U.S. / 104

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000006023</b>					
1. Corporation Name <b>BRAUSER FAMILY FOUNDATION, INC.</b>					
Principal Place of Business <b>100 WEST CYPRESS CREEK RD</b> <b>STE. 975</b> <b>FT. LAUDERDALE FL 33309</b> <b>US</b>			Mailing Address <b>100 WEST CYPRESS CREEK RD.</b> <b>STE. 975</b> <b>FT. LAUDERDALE FL 33309</b> <b>US</b>		



2. Principal Place of Business 21 <i>2101 N. Andrews Ave</i> Suite, Apt. #, etc. 22 <i>Suite 101</i>		2a. Mailing Address 26 <i>2101 N. Andrews Ave</i> Suite, Apt. #, etc. 27 <i>Suite 101</i>		3. Date Incorporated or Qualified <b>12/22/1995</b>	
City & State 23 <i>FT Lauderdale, FL</i> Zip 24 <i>33311</i>		City & State 28 <i>FT Lauderdale, FL</i> Zip 29 <i>33311</i>		4. FEI Number <b>65-0634290</b>	
Country 25 <i>USA</i>		Country 30 <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>BRAUSER, L</b> <b>100 W CYPRESS CREEK, RD</b> <b>STE 975</b> <b>FT LAUD FL 33309</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUSER, LEON			1.2 NAME	<i>Brauser, Leon</i>		
STREET ADDRESS	100 W. CYPRESS CREEK RD., STE. 975			1.3 STREET ADDRESS	<i>2101 N. Andrews Ave, Suite 101</i>		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP	<i>FT Lauderdale, FL 33311</i>		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUSER, ROBERT			2.2 NAME	<i>Brauser, Robert</i>		
STREET ADDRESS	100 W. CYPRESS CREEK RD., STE. 975			2.3 STREET ADDRESS	<i>2101 N. Andrews Ave, Suite 101</i>		
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP	<i>FT Lauderdale, FL 33311</i>		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUSER, MICHAEL			3.2 NAME	<i>Brauser, Michael</i>		
STREET ADDRESS	100 WEST CYPRESS CREEK RD., STE. 975			3.3 STREET ADDRESS	<i>2101 N. Andrews Ave, Suite 101</i>		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	<i>FT Lauderdale, FL 33311</i>		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUSER, JOEL			4.2 NAME	<i>Brauser, Joel</i>		
STREET ADDRESS	100 W. CYPRESS CREEK RD., STE. 975			4.3 STREET ADDRESS	<i>2101 N. Andrews Ave, Suite 101</i>		
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP	<i>FT Lauderdale, FL 33311</i>		
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 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]* SIGNATURE REQUIRED *Michael Brauser* 1-14-99 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)